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ABSTRACT

This guide to mainstreaming mentally retarded preschoolers is one of a series of eight manuals on mainstreaming preschoolers developed by Project Head Start. The guide is addressed to parents, teachers and other professionals and paraprofessionals. Chapter I presents information on the meaning, benefits and implementation of mainstreaming and discusses the role of the teacher. Chapter II defines mental retardation, focusing on levels of retardation, rate of learning, commonly associated handicaps and diagnostic problems. An observational checklist and general guidelines for identifying children for referral are included. Chapter III discusses how mental retardation affects learning and development in 3- to 5-year-olds and describes children with mild, moderate and severe handicaps. Chapter IV focuses on planning, physical setting, and teaching techniques for mainstreamed mentally retarded children. Chapter V discusses parent/teacher cooperation, while Chapters VI and VII provide information on specialists, organizations and other sources of help. Notes on screening and diagnosis are appended. (CM)

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Children with Mental Retardation

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U.S. Department of Health, Education, and Welfare
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Head Start Bureau

Special Message to Parents

This book is meant to help parents as well as teachers understand mainstreaming and mental retardation. Chapter 5 describes specific ways in which parents can help their mentally retarded child. But parents will find the other chapters useful in learning more about development in mentally retarded youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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Mainstreaming Preschoolers:

Children with Mental Retardation

A Guide for Teachers, Parents, and Others Who Work with Mentally Retarded Preschoolers

by

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Preface

Project Head Start was initially conceived and launched as a national program of comprehensive developmental services for preschool children from low-income families. The early design also indicated that the comprehensive program should be tailored to the needs of the individual community and of the individual child.

The Head Start Program Performance Standards require local programs to develop an educational plan that provides procedures for ongoing observation, recording, and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. The Performance Standards also require that classroom materials and activities reflect the cultural background of the children. Thus, individualization has always been a major thrust of the Head Start program.

The Congressional mandate to assure that not less than 10 percent of enrollment opportunities in Head Start be available for handicapped children presented special opportunities and challenges to Head Start programs to further their efforts in the individualization of services. Head Start classes are small, making it possible for teachers, working with a professional diagnostic team, to design a program to meet the special needs and capabilities of each child.

Mainstreaming handicapped children into classrooms with non-handicaped children has become a major activity for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. This series of eight manuals, **Mainstreaming Preschoolers,** was prepared by ACYF to help meet this need.

The series was developed through extensive collaboration with many persons and organizations. Under contract with Contract Research Corporation, teams of national experts and Head Start teachers came together to develop each of the manuals. At the same time, the major national professional and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons — the Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, the Office of Developmental Disabilities, the National Institute of Mental Health, the Office of Handicapped Individuals, National Institute of Child Health and Human Development/National Institute of Health, and Medicaid/Early and Periodic Screening, Diagnosis, and Treatment — also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that this series will be helpful to the variety of people beyond the Head Start community — in public schools, day care centers, nursery schools, and other child care programs — who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years.

Blandina Cardenas, Ed.D.

Commissioner
Administration for
Children, Youth and Families

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2 Introduction

The Purpose of This Book

This book was written for teachers, parents, and others, such as diagnosticians and therapists, who work directly with mentally retarded preschoolers. It provides some good ideas for helping retarded children learn and feel good about themselves, and answers many questions, including:

What is mainstreaming?

What is mental retardation?

How does mental retardation affect learning in three- to five-year-olds?

How can you design an individualized program for a retarded child?

What activities are especially useful for children with retardation?

How can parents help their retarded child?

Where can you go to seek help—people, places, and information?

The information in this book is also useful for working with all preschool children, non-handicapped as well as handicapped.

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery school, and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- **emotional disturbance**
- **health impairments**
- **hearing impairment**
- **learning disabilities**
- **physical (orthopedic) handicaps**
- **speech and language impairments (communication disorders)**
- **visual handicaps.**

There are certain guidelines that are similar in working with all kinds of handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children with special needs. They are described in the chapters "What Is Mainstreaming?" "Parents and Teachers as Partners," "Where to Find Help in Your Area," and the sections on planning, the physical setting, and general teaching guidelines in the chapter "Mainstreaming Children with Mental Retardation." While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific, and will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms **handicapped children** and **children with special needs** mean the same thing.

Chapter 1:

What Is Mainstreaming?

Help a handicapped child enter the mainstream of life during the preschool years.

4 What Does Mainstreaming Mean?

"Mainstreaming" means helping people with handicaps live, learn, and work in typical settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience, and gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends.

However, mainstreaming does not simply involve enrolling handicapped children in a program with non-handicapped children. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that 10 percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Headstart, Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than 10 percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children. It is the function of Head Start programs to:

> **serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children, and provide the full range of services necessary to meet the child's developmental needs.**
>
> (Head Start Transmittal Notice 75.11 9/11/75).

Research on children has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's intellectual, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who are given the opportunity to play with other children in the Head Start classroom learn more about themselves and how to cope with the give and take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

Benefits of Mainstreaming

There are many benefits to mainstreaming–benefits that affect both handicapped and non-handicapped children, as well as their parents and teachers.

Mainstreaming Helps Handicapped Children

Participating in a mainstream classroom as a welcome member of the class teaches children with special needs self-reliance and helps them master new skills. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourages handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

Mainstreaming can be an especially valuable method for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need.

Mainstreaming Helps Non-Handicapped Children

Mainstreaming can help non-handicapped children, too. They learn to accept and be comfortable with individual differences among people. Many studies have shown that children's attitudes toward handicapped children become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

Mainstreaming Helps Parents

Mainstreaming is also good for the parents of children with special needs. With you, the other members of the staff, and specialists sharing the responsibility for teaching a child, the parents come to feel less isolated. They can learn new ways to help their own child. As they watch their child progress and interact with non-handicapped children, parents are helped to think about the child more realistically. They will see that some of the behavior they are concerned about is probably typical of all young children, not just children with handicaps. In these ways, parents come to feel better about their children and themselves.

Mainstreaming Helps Teachers

Mainstreaming also has advantages for you. You have the chance to make a significant impact on a handicapped child. The techniques you develop for working with a child with special needs are just as useful with non-handicapped children who have minor weaknesses in the same areas. In fact, many of the most effective teaching techniques known were first developed for handicapped children. Finally, working with handicapped children is a chance to broaden both your teaching and personal experience.

6 How Is Mainstreaming Carried Out?

Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular handicapped child will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for handicapped children: they display a broad range of behavior and abilities.

Some handicapped children may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or staying at home for the rest of the day. For still others, mainstreaming may not be the most helpful approach. The principle to follow is that handicapped children should be placed in the "least restrictive environment." This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps.

Mainstreaming involves the efforts of many people working as a team—teachers, the child's parents, Head Start staff (in health, education, handicap, parent involvement, and social services), other specialists providing consultant services on a full- or part-time basis, agencies serving handicapped children, and the public schools in the community. The identification, development, and coordination of this team effort is both a challenge and a critical requirement in meeting the needs of a handicapped child.

As you and your program staff get to know each child, and as you work with the child's parents and specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes how mainstreaming can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book also discusses different degrees of the handicapping condition known as mental retardation, and describes some of the things children with mental retardation can do well and things they may have some trouble doing. Specific activities and teaching techniques are given primarily for use with mildly or moderately retarded children. However, there are numerous suggestions for working with severely and profoundly retarded children as well. If you have a severely or profoundly retarded child in your classroom, it is essential to seek outside assistance. It takes consultation with trained specialists and additional classroom staff to give such a child the help he or she needs.

1

What Is Your Role in Mainstreaming?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of visual information will help you understand the effects of blindness on a child's development. You can then use this knowledge to plan appropriate activities for building on the child's strengths and working on his or her weaknesses.

The teaching techniques and activities provided in this book are designed to help develop skills in particular areas of development—motor, social, cognitive, language and speech, and self-help—and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

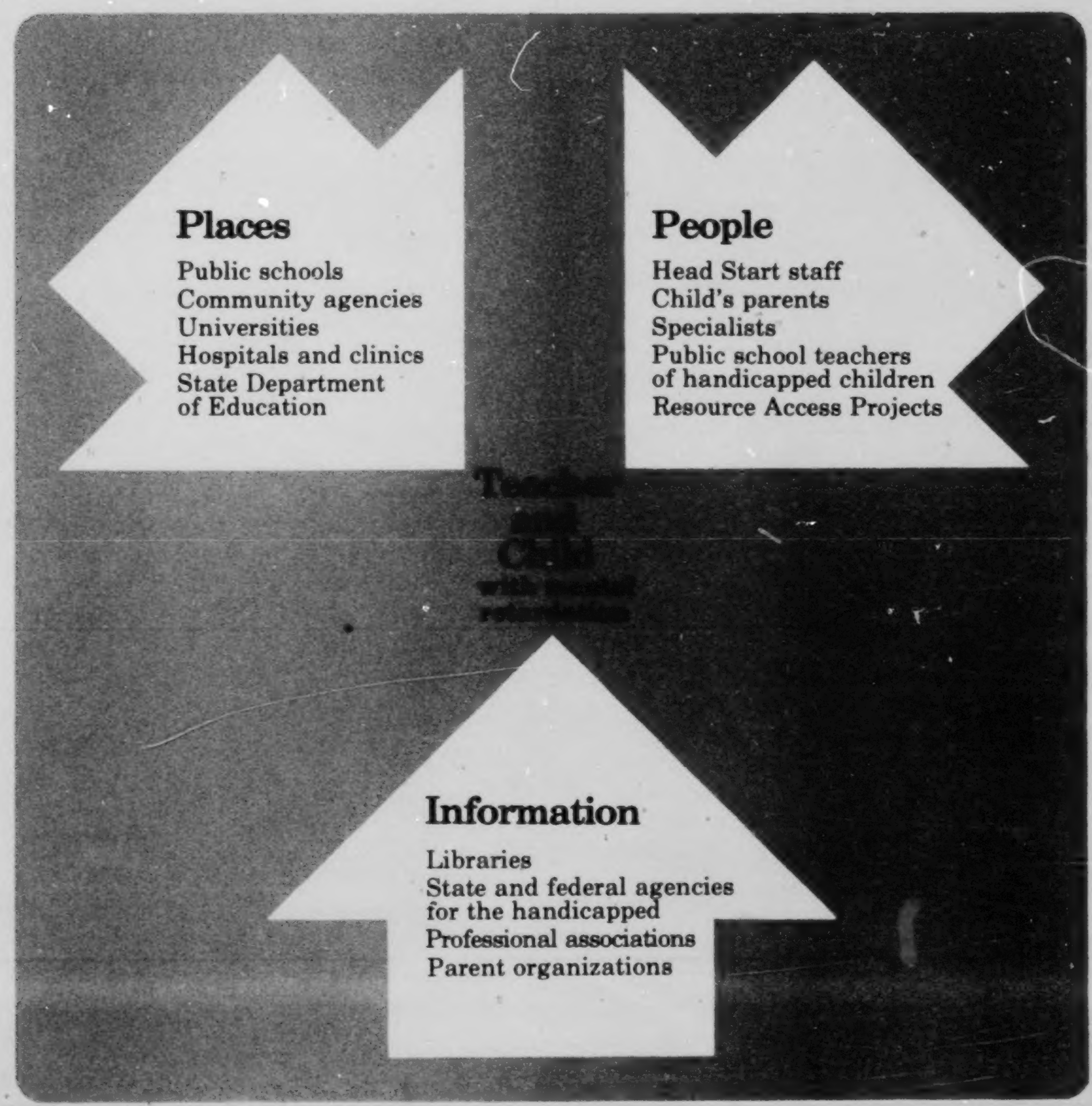
As a teacher, your role in mainstreaming includes:

- **developing and putting into effect an educational program that meets the individual needs of each child in the classroom, including the special needs of a child with a handicapping condition**
- **working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home**
- **finding out, through your handicap coordinator or social services coordinator, what special services a handicapped child is receiving and how you can get a specialist to help you in your classroom teaching**
- **arranging referrals through your handicap coordinator or social services coordinator for diagnostic testing, if you feel a child has a problem that has not been clearly identified.**

In carrying out this role, there are many resources that can be tapped to assist you. Later in the manual they will be described in more detail, but they are summarized on the following chart.

8 Where to Go for Help

There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 6. For detailed information on national, professional and parent associations and agencies, and a list of helpful materials, see Chapter 7.



Places

Public schools
Community agencies
Universities
Hospitals and clinics
State Department of Education

People

Head Start staff
Child's parents
Specialists
Public school teachers of handicapped children
Resource Access Projects

Teacher
and
Child
with [illegible]
[illegible]

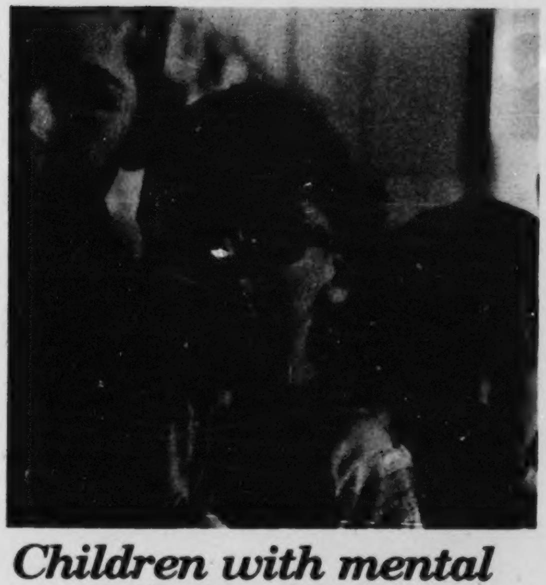
Information

Libraries
State and federal agencies for the handicapped
Professional associations
Parent organizations

Chapter 2:

What Is Mental Retardation?

2



Children with mental retardation have a slower overall rate of learning and development than other children.

Children with mental retardation aren't so very different from non-handicapped children. Like other preschoolers, they can do some things better than other things, have happy moods and sad moods, and need your support to learn and grow.

This chapter looks at how mental retardation is defined, and at what mental retardation means for those who teach and work with mentally retarded preschoolers. Some of the terms in this book are commonly used to describe mentally retarded people. These terms have been agreed upon by specialists who work in the field of mental retardation. However, it is important to recognize that the terms sometimes become labels. Labels usually limit rather than extend our understanding, and labeling a child often produces negative and inaccurate expectations for that child. Describing children in terms of strengths and weaknesses is much more valuable to you than being able to fit them into a label or category. Learning about mental retardation can help you to realize the special needs of retarded children. However, only by working with a retarded child will you recognize his or her unique skills and problems.

Mentally Retarded Preschoolers

The "Head Start" Definition

In defining handicapping conditions, Project Head Start distinguishes between **categorical** definitions, which are used for reporting purposes, and **functional** definitions, which describe a child's areas of strength and weakness. The categorical definition uses Project Head Start's legislated diagnostic criteria. An interdisciplinary diagnostic team (or a professional who is qualified to diagnose the specific handicap) must use this definition to make a categorical diagnosis of a child. This diagnosis is used only for reporting purposes. A functional definition or diagnosis, on the other hand, assesses what a child can and cannot do, and identifies areas that call for special education and related services. The functional assessment should be developed by a diagnostic team, with the child's parents and teacher as active participants. Another term for functional assessment or functional diagnosis is **developmental profile.**

How Is Mental Retardation Defined?

2

According to Project Head Start, the following categorical definition of mental retardation is to be used for reporting purposes in Head Start programs:

> **A child shall be considered mentally retarded who, during the early developmental period, exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior.** ***In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).***

("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, September 11, 1975.)

An overall slowness in development is characteristic of children with mental retardation. This slowness makes them seem younger than they are. During the preschool years, retarded children fall consistently behind other preschoolers in their ability to learn, to remember what they have learned, and to solve problems. In the preschool years, "adaptive behavior" refers to a child's increasing ability to use language, to play with others, and to do things independently. In retarded preschoolers, this ability is limited. For example, they may not be able to respond to their names or to catch on to simple games. They may not be able to jump, hop, feed themselves, or signal that they need to go to the bathroom.

The part of the definition in italics is important. Formal tests of intellectual functioning (called I.Q. or intelligence quotient tests) are not always good predictors of a preschooler's later development. Young children are hard to test, especially since they are changing so quickly. Furthermore, many of the tests aren't accurate for youngsters from different cultural, language, and ethnic backgrounds. For preschoolers (as well as for older children and adults), a low score on an I.Q. test is *not* enough to diagnose them as retarded.

Levels of Retardation

Specialists in mental retardation generally agree on a set of terms for the levels of the handicap. These terms are: mild, moderate, severe, and profound. They refer to different levels of I.Q. and adaptive behavior, and to different abilities to learn.

Many mild impairments other than mild mental retardation are not considered handicaps by Project Head Start if the conditions do not require special services. For example, a child whose vision can be corrected with eyeglasses is not considered visually handicapped. Children are considered handicapped if they fall within the legislative definition and if, by reason of this handicap, they **require special education and related services.** Mildly mentally retarded children are considered handicapped according to the legislative definition if they exhibit "significant sub-average intellectual functioning accompanied by impairment in adaptive behavior..." and if they require special education and related services.

The levels of retardation are perhaps best described in terms of how the children in your classroom function, what and how they learn, and how much time they need to learn.

Mild Retardation

We might think of mildly retarded children as those who learn considerably more slowly than other children of the same age. As preschoolers, mildly retarded children may be good at large motor activities but have some trouble speaking, remembering things, following directions, and coordinating the use of their eyes and hands. They may be slow to learn routines and simple games, and may not be able to put all their thoughts into words. Mildly retarded children are sometimes called "educable mentally retarded." They should be able to learn most of the activities in your classroom, but will probably need more help and more practice than the other children.

Moderate Retardation

Moderately retarded preschoolers tend to be further behind in all areas of development. They are often clumsy, are very late in talking, have trouble remembering things, and tend to behave like children about half their age. In your classroom you may need to show them many times how to do things. You will probably find that it helps to use simpler language to explain things, and to break activities down into small parts that can be taught and practiced one at a time. These children can benefit from attending preschool and from being with non-handicapped children. They are sometimes called "trainable mentally retarded."

Severe and Profound Retardation

Severely and profoundly retarded preschoolers, like infants, require help with all of their daily needs. Many have special problems with movement and feeding that call for help from an occupational therapist. Because they need so much care, it is unlikely that many such children will be enrolled in Head Start classrooms. However, in some communities, Head Start may be the best program available to provide stimulation to the child and support the child's parents. If you have a severely or profoundly retarded child in your classroom, you will want to talk with specialists about the child's special needs.

Rate of Learning

Perhaps the single most important concept in the diagnosis of children with mental retardation is the concept of **rate of learning.** All children learn at different rates, but children with mental retardation have a slower overall rate of learning and development than other children. Even though the *rate* of learning in mentally retarded children is slower, these children are *capable of learning a great deal* at their own pace. If you see that a child is developing very slowly, you may want to refer him or her to specialists for further evaluation. The specialists should be qualified to examine the child in order to assess language development, cognitive development, medical history, and physical health. Working as a team, the child's parents, teachers, and specialists should determine how to improve the child's learning at home and at preschool.

2

Commonly Associated Handcaps

Some mentally retarded children have other handicaps. These other handicaps result from damage to the central nervous system, which is the control center for all of the body's functions. The other handicaps will vary, depending upon the type of mental retardation and its cause. If a retarded child in your classroom has another handicap, you may find it helpful to read about it in the appropriate book in this series.

Severe or Profound Retardation

Some severely and profoundly retarded youngsters never develop speech. However, more and more of them are being taught to communicate orally or by signs, using special intensive training procedures. Some of these children may have severe physical handicaps like those found in cerebral palsy; others may be blind and/or deaf. Some children with severe or profound mental retardation have epilepsy. Usually their seizures are controlled by medication, but their doctor may ask you to help by recording the effects of the medication. Mainstreaming may not be best for some of these children.

Moderate Retardation

Motor, speech, and language development are often so delayed in moderately retarded children as to be considered associated handicaps. There may be other handicaps, such as deafness or blindness, but these occur less frequently with moderate retardation than with severe and profound retardation.

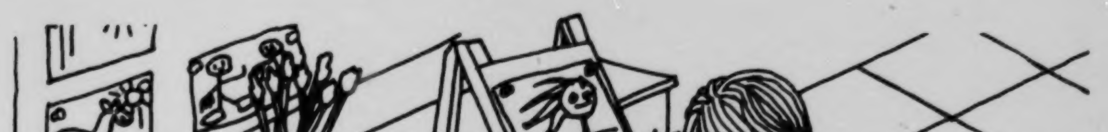
Mild Retardation

Mild mental retardation is not usually associated with severe handicapping conditions. However, a mildly retarded child is more likely to have other handicaps than a non-handicapped child.

There is no medicine used to treat mental retardation. If a retarded child in your class is taking medication, it is for another problem.

Problems in Diagnosis

Accurate diagnosis will enable you and others to give the kind of help that a child needs. This means, first of all, that someone has to recognize that a diagnosis is called for. If tests are given, they have to be appropriate and administered by trained people. Further, the tests' results have to be properly interpreted. Accurate diagnosis, therefore, can sometimes be tricky, as the following examples indicate.



Bumping into the chair made Mark even angrier.

Mistaking One Handicap for Another

Inaccurate diagnosis can mean that a child's special needs are overlooked.

Margarita

Margarita, a three-year-old in a preschool program, was thought to be retarded. She did not respond when her name was called. She communicated by making gestures and a few sounds that did not seem to be words. In the classroom she couldn't keep up or follow directions. Sometimes she played alone in the corner. The older children in the neighborhood called her "dummy." The teacher talked with Margarita's parents and got their permission to refer her to specialists for a complete evaluation.

The evaluation determined that Margarita had a serious hearing loss. As a result, she didn't understand what was going on around her, and could not respond to her name. She had enormous difficulty learning to talk because she couldn't hear differences in sounds. She was confused by the normal activities in the classroom because she could not understand the directions.

Fitted with a hearing aid, Margarita began to receive special training from a teacher of seriously hearing impaired children. Correctly diagnosed as hearing impaired, rather than incorrectly as mentally retarded, Margarita can now begin to receive appropriate services.

Children like Margarita with perceptual problems in hearing, speaking, and seeing may be misdiagnosed as mentally retarded because some perceptual skills are involved in testing any child.

Mark

Mark was a five-year-old whose behavior problems kept him from learning what other children were learning, so he seemed to be retarded. Mark ran around the classroom, hit and kicked other children, used only one or two words, and was not toilet-trained. He was so far behind the other children in the classroom that his parents and teacher thought he must be mentally retarded.

Mark was referred to a large clinic, where he was evaluated by an interdisciplinary team of specialists. After reviewing his history, talking with his teachers and his parents, and observing him in a classroom and at play, the diagnosticians said the problem was emotional disturbance. Mark had average intelligence but had serious difficulty adjusting in his home and at school. His way of coping with a world that he could not understand was to act like a much younger child.

Knowing that Mark could learn normally if he were not so troubled made a difference in the program and services provided for him. He entered a mainstream classroom where he received special help from a psychologist and the teacher. Now Mark is learning better, has stopped running around the classroom, and is toilet-trained. Mark still has a long way to go, but he has taken the first step.

16 Mistaking Cultural Differences for Handicaps

Cultural or ethnic differences have sometimes been confused with mental retardation. This confusion is very destructive.

Maria

Maria was five when her family moved to the United States from Puerto Rico. She entered a Head Start classroom soon after her arrival.

After about three weeks, her parents got a call asking them to come to the center for a conference. Maria was not doing well. She didn't seem to know anything that the other children knew. The teacher thought Maria was mentally retarded, and wanted a specialist to test her. Dismayed, Maria's parents agreed to the test. Maria tested in the moderate range of mental retardation.

Her parents were horrified. In her preschool class in Puerto Rico she had already learned to name objects pictured in storybooks, jump rope, and retell her favorite stories. How could they be calling her mentally retarded?

Fortunately, Maria's parents asked the right questions. They learned that the diagnostician had tested Maria in English, her second language. Although all of the family spoke English somewhat, their first language was Spanish. Maria was still not fluent enough to understand the rapid-fire English in the classroom or the formal English used in a standardized psychological test. If Maria's parents had not understood what was happening, their bright daughter might have been labeled mentally retarded, which would have had countless damaging effects. Parents and teachers need to make sure that children are tested in their first language.

Cultural Differences

Many cultural differences can lead to a child's being misdiagnosed as mentally retarded, because many tests are standardized to fit children from a middle-class, white American background. Children from low-income or minority families may not have had the same chance to work on school-related skills (such as naming pictures in books) as children from middle-class families. They may not have seen the same kinds of social behavior that children from middle-class families have learned as "normal." And if they speak, for example, Spanish, Chinese, or a non-standard English dialect at home, they may not understand what is being said to them, which means they can't answer the test questions correctly.

Because of circumstances like these, children from minority and low-income families can *appear* retarded when their test scores are compared with the test scores of children from middle-class families. The problem is often not with the children but with the tests.

We don't mean to say that there are *no* mentally retarded children from low-income or minority families: mental retardation occurs at *all* income levels and in *all* ethnic groups. But you should be especially wary of diagnoses of mental retardation based on tests given to children. If you're told that a particular child has been tested and found to be retarded, and if your experience with the child makes you think the child is not retarded, tell your handicap coordinator that the child should be looked at more carefully.

Differences in Maturity

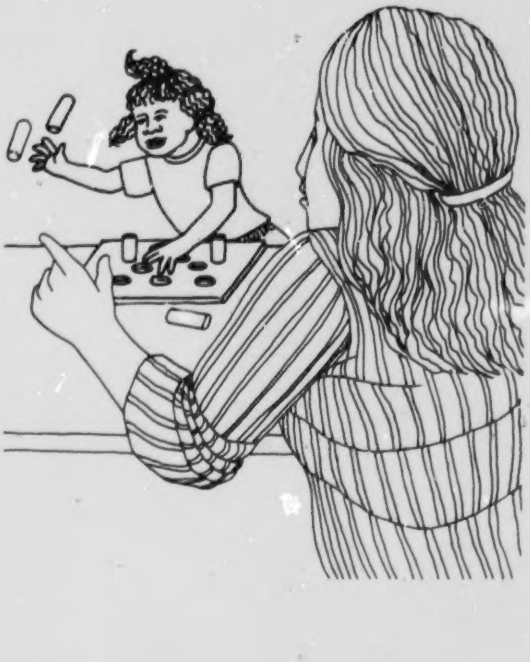
Another mistake that is sometimes made is to confuse behavior problems and physical or mental immaturity with retardation. This confusion hurts boys more than it does girls, because boys generally mature more slowly than girls. This may mean that some skills aren't as advanced as those of girls the same age. But it doesn't mean they're retarded — they will catch up when their bodies are ready. Boys may demonstrate more behavior problems than girls, and tend to be more boisterous and rowdy. Again, this doesn't mean they're retarded.

Maintain Your Awareness

Head Start programs have a well-deserved reputation for promoting the rich cultural and ethnic differences that exist among the families they serve. You are perhaps least likely of all professionals to confuse cultural and ethnic differences with mental retardation. Likewise, you are familiar with the kinds of behavior associated with physical and emotional immaturity. But it is important for you as a Head Start teacher to watch carefully for special problems, so that all youngsters who are truly developing slowly have the advantage of an assessment by specialists.

Young Children Can Be Difficult to Test

Young children are not always easy to assess or diagnose. They may not sit still. They aren't always interested in what you want them to do. They may cry if they don't want to do something, throw the materials, or wet their pants. But any child with a problem deserves the attention of a team made up of specialists, the child's parents, and you. Any child you have a question about deserves a referral, as long as the parents agree.



Recognizing Problems for Referral

Some retarded children will be diagnosed before they are enrolled in Head Start, but others may not be. Children who are only mildly retarded, for example, may be enrolled in your program without ever having been recognized as handicapped. The teacher may be the first person in the life of the child who can alert other professionals to a problem, so that services for the child's special needs can finally begin. Sometimes parents need advice and encouragement from teachers to recognize and face problems that may have troubled them in their child's behavior. Diagnosis, first and foremost, is needed to point out the extra help and services these children need.

General Guidelines

Learn to Observe Carefully

Your own classroom observation, plus conversations with parents about their children, can be the best foundation for deciding whether to refer a particular child to a professional diagnostician. As a classroom teacher, you observe children and draw conclusions every day.

Do you have a child in your class who seems difficult to handle, hard to get along with, or slow? If you observe the child, figure out what might improve the behavior, and try several approaches, you may find that the child's problems are not as serious as you first thought. And if they still seem serious, you can conclude that a professional evaluation is in order.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all children. Even though you aren't a professional diagnostician, don't underestimate your ability to spot serious problem areas that may signal a handicapping condition in a child.

Ask Questions

Ask yourself some good, basic questions to determine whether a child should be referred for professional evaluation:

Does the child learn so slowly that it keeps him or her from participating fully with the other children?

Is the child's adaptive behavior (ability to use language, to play with other children, and to be reasonably independent) so poor that it keeps him or her from participating fully with the other children?

If your answer to either or both of these questions is yes, and if the parents agree, referral is in order. If it turns out that the child is *not* handicapped, you and the parents will be reassured and will gain a better understanding of the child. If a problem *does* exist, the child will then be able to obtain the needed help.

Different children — different surroundings — different influences — different expectations.

Recognize Cultural Differences

It is important to distinguish between children who are different and children who may be handicapped. Since the children in your classroom come from a variety of backgrounds and child-rearing experiences, it is only logical that they will react to your classroom in a variety of ways.

For example, Juan's teacher noticed that he was having a lot of trouble asking questions, describing things, and generally explaining himself. The teacher knew that in Juan's home everyone spoke Spanish. She suspected that he was having the kinds of problems anyone has in learning another language, and that he was probably not speech impaired. She decided to take a good look at his speech problems over the next six months, and as she predicted, they lessened as his English improved.

In another example, Sara came from a home where hitting and kicking were tolerated as normal behavior among the children. This sort of behavior in the Head Start classroom made her teacher suspect emotional disturbance. For Sara, however, this behavior was not only normal but necessary, since she needed to protect herself from her brothers and sisters. With her teacher's help, Sara came to learn that this sort of behavior was not allowed in class, and in fact wasn't needed there for self-protection. Sara no longer acted as if she had severe emotional problems.

Juan and Sara were not handicapped. They were simply behaving in ways that made sense from the point of view of their life experiences. Finding out about a child's family and home will help you to identify when diagnosis is called for.

Recognize Individual Differences

Distinguish between those children whose temperaments and individual learning styles you find difficult and those children who may be handicapped. Children, like adults, can be slow or fast to catch on to things, can be quiet and thoughtful or very energetic and into everything. Some get frustrated more easily than others, some get distressed and upset more easily than others, and some demand more attention than others. It is helpful to ask yourself: "Do I find this child difficult because of personality differences between the two of us? Or is the behavior of the child genuinely different from the range of behavior shown by other children the same age?"

Get Professional Help

From the child's point of view, referral is better than non-referral. This means that if you think a handicap might account for the behavior you have observed, it is best to have the child professionally evaluated. If you find out that the child does not have a handicap, no harm has been done. If, on the other hand, a handicapped child is not diagnosed, the child's special needs will not be met. Referral is also preferred over non-referral for children who have already been diagnosed: as we have seen, children can be incorrectly diagnosed. If a child enters your class already diagnosed as mentally retarded, take an especially close look. Have the child re-evaluated if you have any doubts about the diagnosis.

Using a checklist to observe a child can alert you to the possibility of undiagnosed mental retardation.

2

The Observational Checklist

The checklist of behaviors that follows can alert you to undiagnosed mental retardation, and help you know when to refer a child for professional evaluation.

The checklist is divided into three major sections. "Information Coming from the Environment" examines the ways in which children take in information about the world through their senses (seeing, hearing, moving, smelling, tasting, and touching). The second section is called "Processing the Information," and refers to the ways in which children organize the information (such as remembering, making associations, understanding causes and results, and so forth). The third section, "Using the Information" concerns the two major ways in which children can express what they have learned: by what they say and by what they do. The titles of these sections refer to parts of the learning process. (At the beginning of Chapter 3, a section called "How Do Children Learn?" describes the learning process and the kinds of problems that can occur.) In addition, there is one short section in the checklist on the child's behavior in the classroom, which has to do with the child's relationships with other people.

Basically, the checklist reflects two primary signals of mental retardation: being slower than others to catch on to new things, and slower to finish a task. The items on the checklist are specific, representing behavior that may indicate a problem. We must emphasize that these items are an approximate description. Probably every child in your classroom will show one or more of these characteristics from time to time. Only when such behavior happens often or all the time may there be a problem.

How To Use the Observational Checklist

For each item on the checklist, check whether a child "often or always" behaves that way, or "rarely or never" does. Three or more checks in the "often or always" column mean that a child may have a serious problem. And the possibility of a serious problem means that you should talk to someone in your program (such as the handicap, health, or social services coordinator) about referring the child for professional evaluation.

Information Coming from the Environment

	Often or always	*Rarely or never*
The child doesn't understand directions, reacts slowly to them, or waits to see what the other children are doing first.	☐	☐
The child seems confused and doesn't do what other children are doing along with them.	☐	☐
The child doesn't know what to do with materials and toys, or uses them for the wrong purposes.	☐	☐
Loud sounds disturb the child.	☐	☐
A lot of unorganized moving around in the classroom confuses the child.	☐	☐
The child has trouble noticing fine details.	☐	☐
The child doesn't answer to his or her name.	☐	☐
The child can't carry out a one-step direction.	☐	☐
The child can't concentrate on one thing for very long, and is easily distracted.	☐	☐
The child doesn't show interest in classroom surroundings.	☐	☐

Processing the Information

	Often or always	*Rarely or never*
The child has trouble remembering what he or she has seen or heard, or what has happened.	☐	☐
The child can't match colors and shapes.	☐	☐
The child can't sort colors and shapes.	☐	☐
The child can't answer simple questions (such as "What's your name?") or gives answers that make no sense.	☐	☐
The child doesn't know things that other children in the class know.	☐	☐
The child does things in the wrong order (such as drying the pan before it has been washed).	☐	☐
The child can't predict dangerous consequences of actions before he or she does them.	☐	☐
The child can't hear small differences in words (such as boy/toy, Fred/red).	☐	☐
The child can't retell a simple story.	☐	☐
The child has trouble following two or more directions in the right order.	☐	☐
The child doesn't understand common environmental sounds (for example, can't tell you "a car" upon hearing the beep of a car horn).	☐	☐
The child doesn't remember the classroom routine.	☐	☐
The child forgets what he or she is doing in the middle of it.	☐	☐
The child has trouble inventing stories and actions in pretend play.	☐	☐
The child doesn't understand basic concepts such as relationships, time, space, and quantity as well as other children do.	☐	☐

Using the Information

	Often or always	Rarely or never
Verbal Responses: Talking		
The child doesn't talk at all.	☐	☐
You can't understand the child's speech.	☐	☐
The child can't communicate using words and gestures, either alone or together.	☐	☐
The child can't name or describe familiar objects.	☐	☐
Motor Responses: Moving the Body		
The child trembles or shakes.	☐	☐
The child falls down or bumps into things a lot.	☐	☐
The child walks unevenly, or limps.	☐	☐
The child has poor eye-hand coordination (for example, knocks things over a lot).	☐	☐
The child can't pull simple clothing on or off.	☐	☐
The child has trouble using toys such as blocks and puzzles.	☐	☐
The child can't copy simple forms, such as a line, circle, square.	☐	☐

The Child's Behavior in the Classroom

	Often or always	Rarely or never
The child resists change and variety in activities by crying, throwing tantrums, or refusing to participate.	☐	☐
The child cannot make choices about what to do or select activities independently.	☐	☐
The child imitates the games of other children rather than inventing his or her own games.	☐	☐
The child withdraws from participating in most or all of the activities.	☐	☐
The child is constantly disrupting the class.	☐	☐

Steps to Take

If you suspect that a child in your class has undiagnosed mental retardation, take the following steps.

1. Find out if the standard screening tests have been given. Talk to the handicap coordinator, the person responsible for coordination of health services, or someone else in your program who you think could be helpful.

2. If the child has been screened, no problems have been found, and you are still concerned about the child, speak to the handicap coordinator, health coordinator, or social services coordinator. The parents will have to give their permission for further testing. Explain the professional diagnosis process and the reasons for it to the parents.

3. While waiting for a professional diagnosis:

- Talk with the parents about what they notice to help you work more effectively with the child.
- Continue to observe and keep notes to help you plan suitable activities.
- Chapter 4 discusses guidelines and ways of conducting activities for children. Use them if they seem appropriate and if you find they work.

4. Find out the results of additional tests so that you can determine whether your individualized plan for the child needs to be changed. Discuss with the parents the results of the tests and any suggested changes in the services the child is receiving.

Chapter 3:

How Mental Retardation Affects Learning in 3- to 5-Year-Olds

3

It is necessary to know what children with mental retardation can do in order to develop an effective program.

26 Development in Retarded and Non-Handicapped Children

Although much is known about the milestones in child development, we still can't predict exactly when young children will say their first words or take their first steps. We do know, however, that most non-handicapped children reach a given milestone of childhood within a few months of each other. For example, Luz Maria learned to walk when she was 11 months old. Her younger brother, José, did not walk until he was 15 months old. But both of these children are developing normally.

The chart on page 133 shows the sequence of normal development from birth to six years of age. In general, retarded children follow the normal sequence of developmental skills shown on the chart. They simply achieve these skills at a slower rate than non-handicapped children. This means, for example, that a mildly mentally retarded three-year-old is likely to be developing skills that are appropriate for non-handicapped two-year-olds.

To a great extent, development is ordered, meaning that *some* things have to be learned before others, such as walking before running. But development does not occur in a lockstep fashion. Retarded and non-handicapped children are individuals, each of whom will demonstrate a unique pattern of development. This means that occasionally a child may skip some skills. Another child may be slow to pick up some skills. And still another may demonstrate some skills earlier than expected. It is only when a child is behind in *all* areas, or when a child is at age level in some areas but far behind in others, that he or she needs some special help.

Having fun motivates children to learn.

Determining the Effect of Retardation

By observing children in the classroom and talking with their parents, you can learn what effect the retardation has on them. Using this information, you can then plan activities that build on their strengths and help them with their weaknesses.

Understanding what a child currently can and cannot do can also help you to understand why the child behaves in a particular way. For example, it is extremely helpful to know that Joseph, a mentally retarded four-year-old in your classroom, acts more like a two-year-old. Since you know that almost all two-year-olds alternate between trying to do everything on their own and wanting lots of help, it's not surprising that Joseph is so changeable. He's not trying to get attention or make you angry. He is simply testing his control over the world, as two-year-olds do.

Looking at children with mental retardation from this developmental perspective can provide you with many insights into why they behave as they do, and when they might be ready to learn new skills. It can also enable you to help parents understand their child's retarded development. Of course, not all children's behavior can be explained as easily as Joseph's, but many of the puzzling things that a child does can sometimes be figured out by looking at the difference between a child's age and his or her developmental level.

If there is a retarded child in your classroom, use the chart of normal development to decide where the child is developmentally. Look at the learning model presented on page 28-29 to discover whether the child has problems receiving information from the environment, processing information, or using information. You can then develop a set of activities for the child that suits the child's functioning level and that takes advantage of the child's learning strengths.

3

Motivation Through Encouragement and Expectation

Young children are naturally curious and eager to learn. Success makes them continue to feel this way. Failures can cause them to take fewer chances and to turn away from learning.

Like all of us, children with mental retardation work best when they are rewarded for the efforts that they make. Adult attention and approval can be a strong source of motivation, if the praise is honest. Classroom and home activities can also be designed to allow children to feel successful and independent in as many ways as possible.

For example, Rolando had trouble with fine motor skills. He couldn't draw as well as the other children, and when he painted his brush went beyond the edges of the paper. His teacher solved the problem by giving Rolando extra large sheets of paper (to catch the paint that went beyond the edges). Rolando was able to draw and paint more easily, and felt good about it.

Encouragement is important, but it is also necessary to provide expectations based on what each child can currently do (not on the child's age in years). If you begin early to set expectations that will help each child stretch and grow, you will be helping him or her to grow up to be as independent and self-fulfilled as possible.

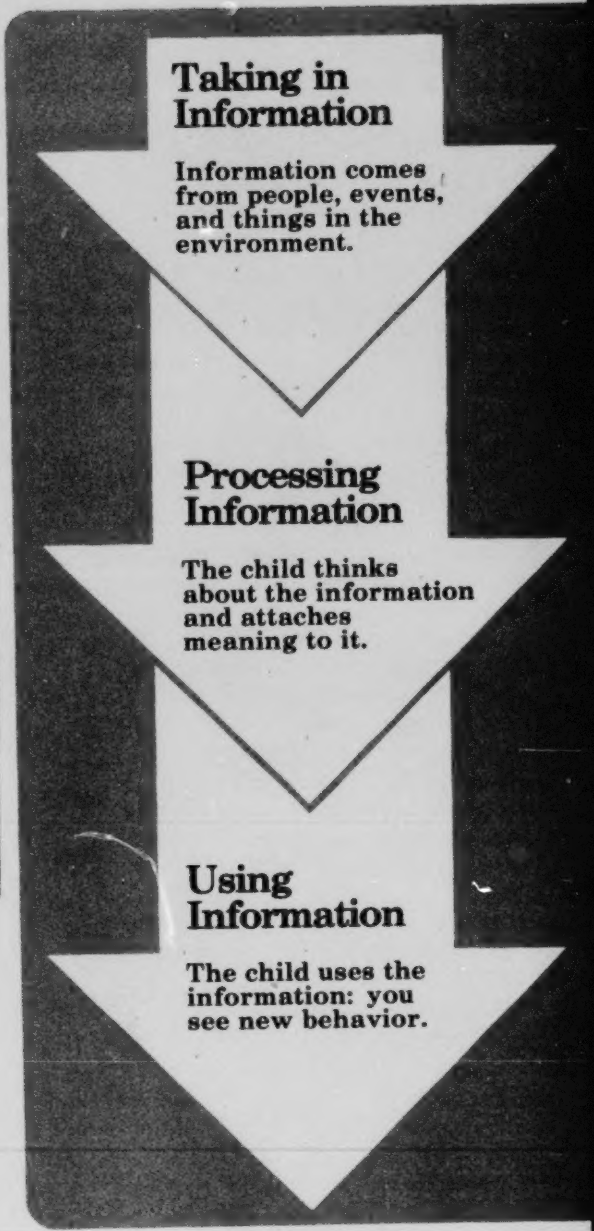
28

How Do Children Learn?

Learning can be thought of as a process that enables children to know and do things they didn't know and couldn't do before. For this to happen, children take in information from their environment—or, more exactly, from people, things, and events in their environment. Next, children organize this information in their minds, which makes it usable. Last, they behave in a way that indicates that learning has taken place.

Understanding the learning process can be extremely useful. If a child is having trouble learning, you can try to determine which part of the process is causing difficulty, and work out a specific remedy.

The following chart may help you to understand this learning process.



Taking in Information

Information comes from people, events, and things in the environment.

Processing Information

The child thinks about the information and attaches meaning to it.

Using Information

The child uses the information: you see new behavior.

[illegible]

[illegible]

[illegible]

3

Information from the Environment

Children normally use all of their senses to take in information from their environment. All children—including retarded children—learn through a combination of seeing, hearing, and moving, which are the most important senses, and smelling, tasting, and touching. (Although "moving," strictly speaking, is not a sense, children also learn by moving things and their bodies in space.) However, there are children at all ability levels who have problems using some of their senses.

As you observe children with retardation, think about the possibility that some of their problems may be due to poor vision, or poor hearing. If they can't see or hear well, the things or events they experience will be limited. In other words, they will receive less information from their environment.

Sometimes, vision and hearing are fine, but there is so much to see, hear, and do that some children get confused. It's as if their senses let in too much information at one time for their brains to handle. Brain damage may not allow some children to filter the information coming in, so that they have a hard time concentrating.

Limiting Sensory Information

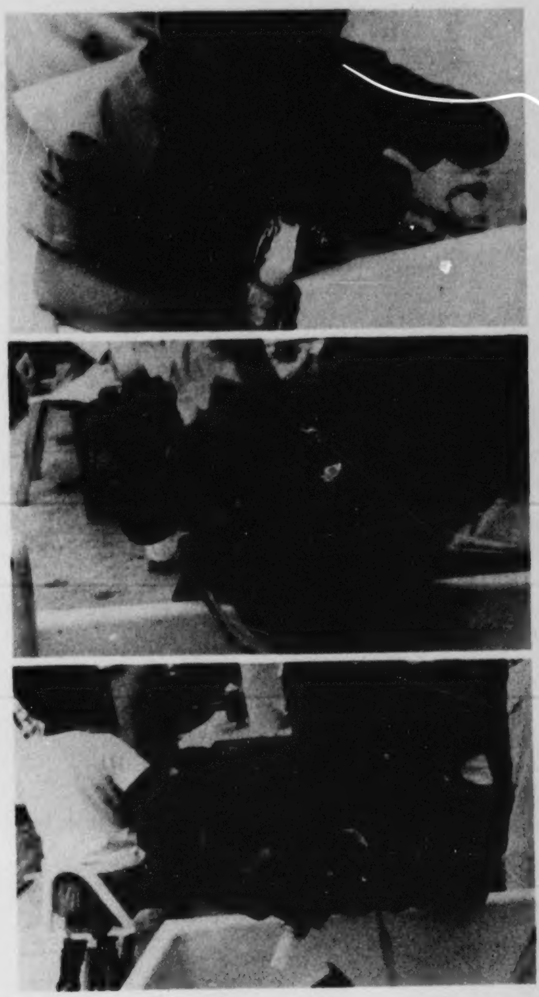
If a child has trouble limiting information from the senses (sensory information) and seems confused and distracted, working in quiet corners can help him or her concentrate on one thing at a time. Annie's teacher noticed that during free play Annie wandered around the room, touching the toys and looking at the children, but was unable to settle on one activity. Recognizing her problem, the teacher took Annie to a quiet corner away from the distracting, motion-filled part of the classroom. He gave her some pennies and nickels, and showed her how to sort them into piles. Annie was able to do this, after a couple of mistakes, because she was able to concentrate.

Focusing Attention

Focused activity can be helpful to children who have trouble with one or more of their senses, or who are easily confused, like Annie. Your role could be to direct these children to a favorite activity. Playing with a truck, for example, focuses a child's attention on the toy and gives the child practice in handling and moving things. You can also emphasize particular sensory information to make sure it is clear. For example, if a child has trouble coloring on a sheet of paper, you could draw a thick black boundary around the edge of the paper.

Reinforcing Sensory Information

Information from one sense can be reinforced by pairing it with information from another sense. This is easily done with words: "That tastes sweet, doesn't it? This feels hard." Putting sensory information into words for a child can also be the best way to indicate which information is most important at a given moment. If, for example, you are walking to the corner store with the children, there is much information coming in from several senses at the same time. The sun feels warm, the cars sound loud, the traffic light has just changed to red, the children are talking, and the sidewalk feels hard. Simply remind the child, "There is the red light. A red light means stop."



"If I pour the water in the top, it comes out the bottom. The hose holds it in!"

Processing the Information

As their senses explore the people, events, and things in their environment, children remember, organize the information, attach meaning to it, see relationships, and figure out uses for each new learning experience. All young children need a great deal of direct contact with concrete experiences in order to process the information well. This is why showing a child how to do something works better than describing how to do it: showing is concrete and direct, while describing is abstract and indirect.

Retarded children learn to process information in the same way that non-handicapped children do, but it takes retarded children longer. Retarded children also need more concrete experiences, and can't yet handle most abstract ones.

For example, counting is abstract in the sense that it requires a child to use mental symbols to represent real objects. The number 3, for instance, is an abstract symbol that stands for three objects or events—three cookies on the table, three trips to Grandma's. Some children who are retarded have a hard time making the mental leap from the real cookies or trips to Grandma's to the numerical symbol for them. Most mildly and moderately retarded children can learn to do this, but it will take them longer and will probably require especially careful teaching.

Making the Abstract Teachable

Depending on how serious the retardation is, a child may continue to have difficulty with abstract learning, such as understanding the relationship between size and weight—that just because something is bigger, it isn't necessarily heavier. For example, although an inflated beach ball is *larger* than a baseball, that doesn't mean it is *heavier* than a baseball. Of course, some relationships are more concrete or observable than others, which makes them easier to teach to retarded children. You can show a child the relationship between a mitten and a hand, for example, by putting a mitten on the child's hand. But it's very difficult to show a preschooler that lightning causes thunder.

For some children, however, even showing is not concrete enough. They may have to be physically moved through an activity.

For example, Laura was in a circle game. The children were clapping as they sang a song. Laura was not clapping, and didn't seem to understand. Her teacher stepped behind her, took both of Laura's hands in hers, and clapped them together. Laura then was able to clap her hands awkwardly by herself, and after a while she could clap them in rhythm with the other children.

32 Practice with Processing Information

You can help children who have trouble processing information, by giving them practice. For associating things with ideas and words, the child should spend a lot of time talking. Talk with the child about things around you: the ball the child is throwing, the picture the child is seeing, the water the child is touching, and so on.

For learning relationships between things and classifying them, you can give the child several toy animals of two sorts—large and small, brown and blue, or lions and tigers. Ask the child to sort them into piles. When the child can do this, do the same activity with pictures of the animals.

Or you can play the same/different game. Show the child several objects, such as a sock, a mitten, a shirt, and a fork. Ask which go together, which don't, and why. A younger child will be able to tell you how things are alike. (For example, a chair and a sofa are both for sitting on.)

There are many things you can do to improve a child's ability to remember. Rhyming jingles and songs are especially good, such as the song, "Head, Shoulders, Knees, and Toes." If a television commercial seems to interest the child, use it for this purpose.

To help the child put ideas in the right order, try repetitive songs such as "Old MacDonald" or "Froggy, Froggy, Who's Your Neighbor?" in which some lines must occur in the right order. Or try the bear hunt game.

Children are able to use what they have learned when they can generalize, or can apply what they have learned from the original situation to another one. If a child has learned to recognize a dog as a kind of four-legged animal, generalizing involves recognizing that a beagle and a collie are both dogs.You can help the child generalize by saying such things as, "The circle in this book is like the one you painted yesterday" or "You have a red sweater like Harriet's."

Real and concrete experiences help children to remember, organize, understand, and make use of what they have learned. This is true for all young children. It's just that retarded children need concrete learning experiences for a longer period of time than other children do.

"I am a puppet. I like carrots for snack. Do you?" Puppets can be used to teach language.

Using the Information

If children have received information from their environment through their senses, and if they have attached meaning to the information they have received and remembered it, they should be able to respond in a way that lets others know what they have learned.

Children have two ways of expressing what they have learned: what they say (verbal responses) and what they do (motor responses). Children who are retarded may have trouble expressing themselves with words (a verbal response), or may be awkward and clumsy with their bodies (a motor response). This makes it hard for them to use the learning that has taken place.

Improving Verbal Responses

The most important thing you can do to improve children's verbal responses is to help children understand and communicate meaning. This is much more important than teaching them the correct way to pronounce a word. To help children understand language, talk to them about things and events in their day-to-day world. Use simple words, make your sentences short, speak clearly, and use as many "props" as you can. Put Randy's hand on the ball when you say, "This is a ball." Put your hands on his hips and guide him into the chair as you say, "You are sitting down."

It often helps children start to talk if they are encouraged to say words that are very familiar to them. Especially good are movement or action words, such as **go, come, show, sit,** and **walk,** and words for things used every day in the classroom, such as **ball, box, toy,** and **juice.** Choose words that are short and easy to say (**book,** not **reading corner**), and focus on things that mean a lot to the child. If Sylvia loves to play with toy cars but isn't interested in blocks, you would concentrate on getting her to say **car,** not **block.** Sing songs and read stories that use the words you have chosen. When the songs and stories are familiar to Sylvia, pause when you get to the word you want her to say, and ask her to supply it.

When children are used to saying some words, you will want to help them use those words to express meaning. If Jessie knows what milk is, and if he can supply the word "milk" in a story about cows you have read to him many times, let him watch you as you pour the milk. Point to it and ask, "What is this, Jessie?" (Many more suggestions for helping a child develop language can be found in Chapter 4.)

You might have in your class a child who can't talk at all, and who doesn't signal what he or she wants. Your main task is to help this child communicate using gestures, such as pointing. If a child has a severe physical handicap, work on eye gestures for communication. The speech-language pathologist and other specialists can give you many other ideas for helping a non-verbal child develop communication.

Improving Motor Responses

Children who have motor problems are generally clumsy and awkward. Such children need extra gross motor experiences—lots of opportunities to run, jump, slide, kick, and so forth.

Playground activities are excellent for children with motor problems, but also try to set up classroom motor activities so that these children aren't isolated. If a child has a severe motor problem, you may want to ask for help and advice from a physical therapist and an occupational therapist. In Chapter 4 you can find more suggestions for helping children improve their motor responses.

What Children with Mental Retardation Are Like

Later in this section, the skills that mildly, moderately, severely, and profoundly retarded youngsters generally have are described. These descriptions should serve as guidelines, not rigid rules. Some children can do more than is suggested, while others can do less. Some children are behind others their age in one or two skill areas, not in all areas. **As you get to know the children, you will also get to know what each child is like.** It is your expertise as a teacher that will help children do as much as they possibly can.

The Importance of Teacher's Expectations

Studies have shown that the expectations a teacher has of children's abilities and performance influence what they do. In one experiment, several teachers were told that several of their pupils were unusually intelligent. In fact, the children's intelligence was really normal, not superior. But since the teachers thought the children were very bright, they treated them that way and expected more from them. After a year, these children were tested again. It was found that they made large gains in their intelligence scores. This result was not obtained when teachers were told that several of their pupils were of average intelligence.

The experiment confirms what good teachers already know: **Expect more from a child and you'll get more. Expect less and you'll get less.**

Each description that follows refers to an "average" child. Since all children are different, these descriptions won't necessarily apply to children in your class. Study each child in your class carefully, so that the description of an "average" retarded child won't make you expect less—or more—of him or her than the child is really capable of.

Age and Self-Concept

To help you understand skill development in retarded children, they will be compared with non-retarded children. For example, what a moderately retarded four-year-old can do is compared with what you might see an average (non-retarded) two-year-old do. While this is helpful, it is not the whole story. Retarded or not, a four-year-old has lived twice as long as a two-year-old, and has seen, heard, and felt more than a two-year-old. Another difference is that a non-handicapped two-year-old has probably had a lot of successful experiences in that time, while a retarded four-year-old may have had a lot of failures and frustrations.

Children learn better when they are proud of what they can do.

For these reasons, it is necessary to consider a child's self-concept—how a child feels about him- or herself—along with what a child currently can and can't do. If Tina's motor skills are very much like a non-retarded three-year-old's, that doesn't mean that she is totally like a three-year-old or that you should treat her just like a three-year-old. In many ways, she feels like a four-year-old, and this makes a big difference.

The next few pages discuss what children with mild, moderate, severe, or profound retardation are generally like in five skill areas: motor, language and speech, self-help, social, and cognitive skills.

However, it must be re-emphasized that no two children are alike. Handicapped children often vary even more than non-handicapped children within an age range. The skill descriptions that follow are general. They need to be interpreted for the particular child you are working with, taking into account the child's age, degree of handicap, past experience, self-concept, and motivation. It is also important to remember that handicapped children, like other children, are always learning and developing, and that a description that may fit a child one month may no longer be true the next. Finally, while three- to five-year-olds are discussed as a group, everyone knows that three-, four-, and five-year-olds, handicapped or not, behave quite differently from each other.

Children Who Are Mildly Mentally Retarded

Children who are mildly mentally retarded are generally developing at about two-thirds to three-fourths of the normal rate of development. Therefore, you are likely to find three- to five-year-olds working on developing skills that are generally found in children who are 2 to 3½ years old.

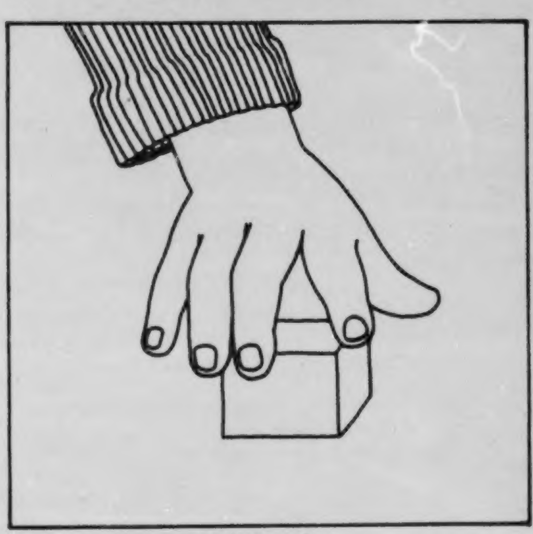
Motor Skills

In terms of fine motor skills, children at this developmental level are beginning to use their fingers, not just their whole hands and fists, to get what they want. They can generally turn pages in a book one at a time, turn doorknobs, and build a tower of six to seven cubes. They can pick up small objects like buttons and stones, hold a crayon with their fingers, and scribble across a page. Many of them can draw a circle or a cross if you show them how.

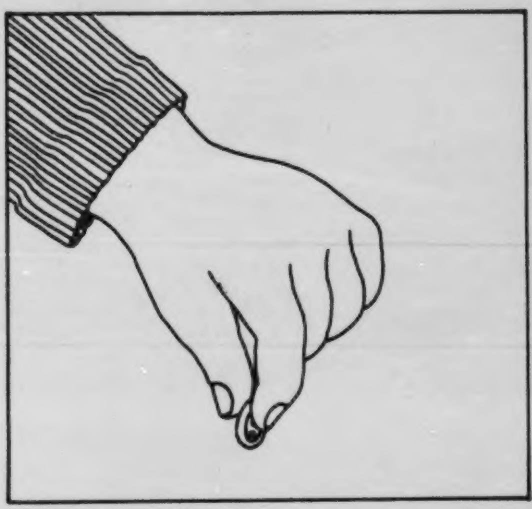
Some children with mild mental retardation are not delayed *at all* in their gross motor skills, and can use their bodies as well as other children their age. Other children with mild retardation are delayed in their gross motor skills, and are just beginning to use their bodies effectively. They fall less often than they did a few months before, and are learning to run, stop suddenly, and change directions. Going up and down stairs may still present problems. Within the next year and a half or two years, however, the child will probably learn to go up and down stairs one step at a time without holding onto the railing (as long as there are no other physical handicaps).

Language and Speech Skills

The development of speech and understanding of language depend on intellectual functioning. Therefore, it is an area that is often quite delayed. Like all young children, children with mental retardation are able to understand more than they can say. Language may be limited to simple, single words that are meaningful to them, like "cookie," "dog," "daddy." Or, they may combine two or three words to express a more complete thought, like "cookie gone" or "more juice," and may be able to use the pronouns "me" and "mine."



Palmer grasp—whole hand.



Pincer grasp—fingers.

Self-Help Skills

The degree of development in self-help skills among children with mild mental retardation depends more on what has been learned and expected at home than on their retardation. Most of them will probably be a lot like their non-handicapped classmates. The younger children will be much better at taking their clothes off than putting them on. When they do dress themselves, some things may get put on a little twisted, backwards, or wrong-side out.

If a child has difficulty with fine motor skills, buttons, snaps, zippers, and laces will be hard. You may need to teach the child how to do and undo them, or help until the child makes progress.

All of the children should be feeding themselves, but they may not win any prizes for their table manners. They may still ignore their forks, and may find a full glass of milk very tippy.

Becoming independent in toileting depends on the child's family and their values. Whether mildly mentally retarded preschoolers are toilet-trained or not has less to do with their retardation than with their families' values and life styles. If they have been taught that it is important to be dry and unsoiled, they should be able to communicate when they need to go to the toilet. They may, however, need some assistance in removing their clothes, wiping themselves after a bowel movement, putting on their clothes, and washing their hands. As their dressing and washing skills improve, they will learn, like all children, to toilet privately and independently.

Social Skills

Socially too, three- to five-year-old children who are mildly mentally retarded are likely to behave more like two-year-olds and three-year-olds. Don't be surprised if one moment they are very clingy and dependent and the next minute refuse all help. As with two-year-olds, "no" is a common word in their vocabulary. They are still testing their impact on the world. Even though the children may look brave and bold one minute, they may be very frightened when they are separated from their parents, and cry.

They notice the other children in the classroom and often play alongside them, but their play is usually solitary and without the give-and-take that we see in non-handicapped three- to five-year-olds. As the youngsters mature in your classroom, they will often become more outgoing, less negative, and more eager to please. Instead of being afraid of being left by their parents, children tend to be more afraid of monsters, bugs, scary animals, and the dark. The children may begin to play with others and, like all children, will have their ups and downs in the daily give-and-take of a preschool classroom.

A few of the youngsters may begin to be able to imagine and make believe. Often some of the first pretend play that they do centers around real-life experiences that they have had, such as going to preschool, going to the doctor, or going marketing. In fact, you may be surprised at how accurate their "pretend" play can be. Some of the best teaching feedback that one teacher ever got was from a mildly mentally retarded little girl who played school at home every day after she left the classroom!

Cognitive Skills

Children with mild retardation show a wide range of ability in their cognitive skills. They should, however, be matching familiar objects by color, form, or size, and responding to simple requests such as "Give me the pencil" or "Put the ball in the closet." They should be able to point out body parts, sing phrases of some simple songs, and enjoy looking at pictures and learning favorite stories. Early ideas of what things are for are beginning to be formed, and the child may be able to answer a few questions such as "What do we hear with?" "What do we ride in?" and "What is a cup used for?"

Children Who Are Moderately Retarded

Moderately mentally retarded children develop at about half the rate of non-handicapped children the same age. Therefore, moderately mentally retarded three- to five-year-olds are more developmentally similar to non-handicapped children who are 1-1/2 to 2-1/2 years old.

Motor Skills

Their fine motor skills are generally well enough developed that they can turn the pages of a book, but several pages get turned at once. They can usually hold two small objects in one hand, and no longer drop the first one when the second one is offered. Crayons and pencils are made for scribbling, and scribbling just anywhere is as common as scribbling on paper. They hold the crayon with their whole fist and do not yet use the fingers separately. Though the tower may lean a little, a moderately mentally retarded three- to five-year-old without other physical handicaps should be beginning to stack three or four cubes. As they develop and have more classroom experience, they will be able to hold crayons with their fingers rather than their fists, scribble within boundaries, stack more cubes, and begin to turn knobs, lids, and dials.

The patterns of a 1-1/2- to 2-1/2-year-old are common to moderately mentally retarded three- to five-year-olds in the gross motor area as well. By this time, as long as there are no complicating physical handicaps, they should be able to walk well, with few falls. Children should be able to climb into large chairs, onto the couch, and onto the bed. They should be able to walk up stairs with help and creep down steps. Pushing and pulling other objects is not only fun, but also good for their physical development. They can throw a ball overhand, but it often lands on the floor nearby instead of hitting the intended target. Their running is still stiff and awkward, but they are able to move fast.

Language and Speech Skills

Language and speech development is one of the most difficult areas for moderately mentally retarded children. Between three and five years of age, most are using a series of nonsense sounds that sound like talking. They are able to understand more words (receptive language) than they are able to say (expressive language), and they should be able to understand commands such as "no," "stop," "come here," and "give me."

Some of the youngsters may be able to carry out two commands given simultaneously, such as "Pick up the ball and give it to me." They also may be able to point to familiar objects in the room when they are named by the teacher, or to use as many as eight to ten words appropriately. With teaching, practice, and development, moderately retarded children will begin to combine two words to express an idea such as "all gone," "want more," or "me thirsty." The words that have the most meaning for them are the ones they tend to use first.

Self-Help Skills

Most two-year-olds don't do a lot for themselves, but they are very good at taking off socks, hats, and mittens. This is true as well for moderately retarded three- to five-year-olds. These children will probably be ready to try eating with a spoon, though there may be as many misses as hits. It still takes two hands to hold a glass and even at that there are many tips and spills. By this time, their bowel and bladder schedule should be well established and predictable. Though a child may not let you know that it's time to go to the toilet, it is often possible to avoid accidents and begin toilet training by placing the child on the toilet at regular intervals.

What's a little spilling, if he can pour his own juice?

Social Skills

Socially, children at this developmental level are quite self-centered. They insist on having things exactly their way. They may react violently to sudden changes or upsets in their routine, and get easily frustrated. They want what they want when they want it! Fortunately for everyone around them, this doesn't last too long. The child will soon move into wanting to be admired, praised, and encouraged. Although the child may continue with some of the "terrible twos" behavior for a while, it won't always be this stormy.

Cognitive Skills

Cognitively, children at the low end of the moderately retarded range should be able to name one or two familiar things in their environment. They can follow a one-step direction, can point to two or three body parts, identify familiar pictures in storybooks, choose the named object from three alternative choices, recognize their own name when called, and match familiar objects.

Friends are important for everyone.

Children Who Are Severely and Profoundly Mentally Retarded

Children with severe and profound mental retardation develop at a much slower rate than non-handicapped children. Their development may be one-tenth to one-third of what we would expect of non-handicapped children of the same age. Severely and profoundly retarded children almost always have other handicaps. This makes learning even more difficult. Often the other handicaps are physical or neurological (involving the central nervous system). Many of them have epilepsy or other seizure disorders that require continual medical monitoring. For these reasons, it is difficult to describe what these children are like. Generally, however, a severely and profoundly mentally handicapped retarded child functions very much like an infant.

Motor Skills

Their fine motor development is progressing from focusing on objects with their eyes to following objects moved in front of their eyes. They are also balancing their heads, grasping things placed in their hands, reaching for interesting objects, putting objects in their mouths, releasing objects, pulling a toy by a string, holding objects for prolonged periods, and picking up objects using a palmer grasp (the palm of the hand). Soon they will be able to use a pincer grasp (the thumb and finger).

The early gross motor skills that these youngsters display initially involve learning to coordinate primitive reflexes. As they develop, they gain control of their head, neck, and torso, begin to bear weight on their feet and legs when held in a standing position, and sit when propped up. Eventually, the youngster will be able to sit without support, creep around on the floor, crawl, pull to a standing position, take supported steps, and walk. All of these motor milestones do, however, tend to be seriously delayed. It would not be uncommon to have a three- to five-year-old severely or profoundly retarded youngster who is not yet able to walk independently.

Language and Speech Skills

Language and speech is another area of extreme delay in youngsters with severe and profound retardation. All of the sounds that they make are important to the development of language, though much of the child's vocal play does not seem to be anything like real language. If a severely or profoundly retarded child is following the normal sequence of speech development, throaty noises should be replaced with single vowel sounds like **ah** and **eee.**

Non-handicapped three-month-old infants begin to use sounds in a communicative way. When an adult nods or talks to them, they respond with a smile and sounds. The child will coo, gurgle, laugh, and respond differently to voices than to other noises in the room. High-pitched squeals, grunts, and vowel sounds in a series come next, followed shortly by single consonant sounds such as **d, b,** and **m.** Combining sounds, imitating sounds, using tongue play to make new sounds, and saying "ma ma" or "da da" with meaning follow.

The whole progression is accomplished by the non-handicapped infant during the first year. This is often the developmental level at which three- to five-year-old severely retarded children are still functioning.

Self-Help Skills

Like infants, severely and profoundly mentally retarded children who are three to five years old often do very little for themselves. Serious motor handicaps, particularly those related to chewing and swallowing, may require special attention from a specialist in occupational therapy, physical therapy, and/or speech and language therapy.

If the child has no physical handicaps that limit movement, you may begin a simple training program to help the child learn to take off and put on clothes. Almost all severely and profoundly retarded youngsters can be toilet-trained. You may want to work cooperatively with the family to establish a toileting schedule so that training can begin.

Social Skills

Socially, these children may smile, pat a mirror image of themselves, and show fear when left with strangers. They relate much more to adults than they do to other children. With adults, they like to play peek-a-boo and to drop toys on the floor for you to fetch. Since their language is very limited, they express enjoyment with smiles and laughs, and discomfort or unhappiness with crying. They can sense how someone feels about them by the person's touch, the tone of voice, and the facial expression.

Even though these children can't participate in many activities in your class, they still enjoy and learn from being included in the group—if only by being able to watch. The sound, movement, and energy in the classroom stimulate their interest in the world around them, and this helps them learn.

Cognitive Skills

Much of the play that severely and profoundly retarded children enjoy has to do with learning about the world. For example they are learning that things that are hidden still exist; that if they drop a block, it falls down; that if they shake a bell, it rings. At this level of functioning, children are learning to recognize the people they know and to respond to them differently than to strangers. They are beginning to look for dropped objects, to respond to their names, to play simple games like pat-a-cake and peek-a-boo, and to look at pictures in books.

Many of the needs of children with retardation are exactly like the needs of other children. As they take risks and try new things, they need to be loved, to have limits, and to be supported as they learn.

This chapter has described how children with different degrees of mental retardation generally function. However, it must be emphasized that these descriptions refer only to the "average" child. Each child is different from every other child, even though they may have the same level of retardation. It is the teacher's responsibility—and challenge—to get to know children well enough to be able to stretch each child's capabilities as much as possible. Your expectations of what a child can achieve have a strong influence on what the child actually does achieve. So be sure that your expectations are guided by what you have learned about each individual in your classroom, not by descriptions of an "average" child.

Chapter 4:

Mainstreaming Children with Mental Retardation

4

Mainstreaming involves planning and organizing the classroom environment and activities to meet the needs of mentally retarded children.

This chapter can help you understand the importance of early mainstreaming experiences for children with retardation. Included are techniques for planning, ideas for classroom arrangements, and general teaching guidelines that are useful for all children; and specific techniques and activities for use with retarded children.

Mainstreaming Severely and Profoundly Retarded Children

Project Head Start stresses that all handicapped children, regardless of the severity of their handicap, should be considered for enrollment in Head Start if the particular program can meet their needs adequately. On the other hand, not all handicapped children are best served in Head Start programs. Both the resources within your program, including available staff, and the resources in your community determine what you are able to offer children. This means that you, the total Head Start staff, and a physician or other appropriate professional should decide whether that child should participate in the program. If another setting would be better suited for meeting the child's needs, Head Start may be able to assist in the alternative placement.

Although very few children are severely or profoundly retarded, occasionally such a child may be enrolled in a Head Start program. Children who are this limited often need the kind of care an infant needs. They have to be carried, washed, changed, and fed. Their participation may be minimal, but they may be drawn into the world by hearing voices and music and by getting attention from the teacher and others. Even if these children do not participate, they should be positioned so that they can see the other children, and should be given objects to touch, move, and play with (such as bells, rattles, textured toys). Talking to and holding these children also contribute to their learning and growing.

Children with severe and profound mental retardation usually have other handicaps. Their speech, feeding, and movement should be checked by specialists in speech and language, occupational therapy, and physical therapy. These specialists can help you and the parents develop the best program for a severely or profoundly retarded child. Of course, such children should also be checked by a pediatrician on a regular basis.

Mainstreaming Mildly and Moderately Retarded Children

Children with a mild or moderate degree of retardation generally do not put a heavy strain on your class. Introduce the child as you would any other child. You may need an additional aide and probably some extra planning time to enable you to treat a retarded child as much as possible as you treat other children.

Be ready to provide special support, but only when the child needs it. As you observe the child, you will learn when to offer assistance and when not to. Sometimes the need for help will be relatively minor, such as making sure that an extra pair of hands is available for helping with outerwear at arrival and departure times. You may need an aide to help with a retarded child especially at transition times, during outdoor play, at meals, and with snacks.

With any retarded child in your class, there are some important steps to take.)

1. Get to know the child. Learn the child's strengths as well as needs.
2. Get to know the child's parents, and work together with them. They can give you valuable suggestions. You can provide them, in turn, with ideas that you have found useful in working with the child.
3. Learn all you can about retardation. Read enough about it so that you feel comfortable, prepared, and confident. Talk to teachers, parents, and friends who have worked or lived with retarded children
4. Avoid being overprotective, but be alert to the child's needs for support. If you do things for children that they can do on their own, the success is yours, not theirs. And if you ask them to do things they aren't yet capable of, they will fail. As we have said before, the best encouragement for learning, improvement, and growing is a good, solid success. You can create the circumstances that make this not only possible, but likely. And the grin on the child's face is a very fine reward for you.

Planning

The planning process for a child with mental retardation has the same purpose as for other children: to help you map out a course of action for working with the child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff representing the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an **Individualized Education Program** (I.E.P.) for the child, which is now required by Public Law 94-142, Education for All Handicapped Children Act, and required by Head Start Performance Standards. Based on a professional diagnosis of the child's handicapping condition, the Individualized Education Program spells out classroom activities, parental involvement in the development of the program, and special services to be provided for the child.

For each handicapped child Project Head Start requires the following elements in the planning process:

1. An interdisciplinary team is required to make two kinds of diagnoses: a ***categorical diagnosis*** and a ***functional diagnosis.*** A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record-keeping purposes. The team also should develop a functional diagnosis, or assessment, which is useful to you in your classroom planning and teaching. It is a developmental profile that describes how the child is functioning, and that identifies the services the child requires to meet his or her special needs.

2. Based on the functional assessment, an ***individualized education plan*** is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that will be provided to respond to the child's handicap.

3. Periodically, ***ongoing assessments*** of the child's progress are to be made by the Head Start teacher, the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized education plan or the services he or she is getting are no longer appropriate or needed, they should be changed or adjusted.

4. When the child leaves the program, Head Start should make arrangements for the ***continuity of needed services*** in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from Head Start.

As the child's teacher, you are involved in many of these procedures. Your part in the process is described in more detail in the following six steps. These steps are just as useful with non-handicapped children and other handicapped children as they are with retarded children.

Step 1: Observe each child in a variety of activities, and record your observations.

Step 2: Set objectives based on what you have observed as reasonable for the child to achieve.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below. For help in individualizing your activity planning for retarded children, see the section entitled, "Specific Teaching Techniques," p.71.

Step 1:

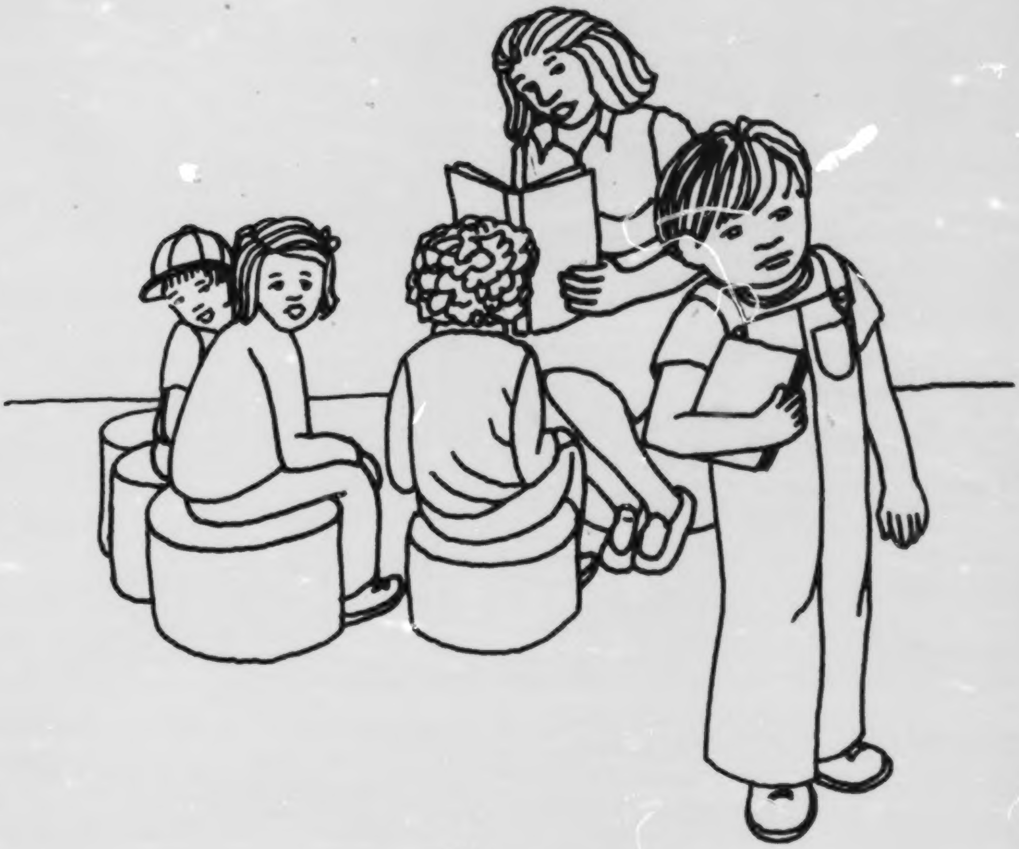
Observe

The process and purpose of observing is the same for all children. The purpose of observing a child is to identify the child's **developmental level** —the level at which a child is actually functioning. This can tell you much about the child as an individual. Progress is made by building on the child's strengths and working on areas that are weak. As you observe the child in a variety of activities, you should take careful notes. Another name for this process is assessment, or evaluation. Evaluation is particularly necessary and useful to the planning process because it makes you aware of the basis for what you do in the classroom. The following example describes a situation that calls for evaluation.

Alan

At the beginning of the year, you meet four-year-old Alan. The first thing you notice is that he seems confused—he doesn't seem to understand what is going on. When you ask the children to sit down to hear a story, Alan gets up and goes to the sand table. When you put paper and crayons in front of him, he just stares at them. You realize that Alan is a child you need to observe closely, so you can figure out what the trouble could be.

You think that there are several possible explanations for Alan's behavior. It is possible that he has a hearing problem, which would explain his difficulties in following directions. But when you call his name when his back is turned, he looks at you—so that isn't it.



Maybe he has never been away from his parents before, and the emotional stress of the separation is troubling him. But you notice that he says goodbye to his mother fairly easily in the morning, and doesn't seem very upset after she has left—so that isn't it.

So then you think that whatever it is, he'll get over it in time. After all, some children do take longer than others to adjust to new situations. A month passes. You are beginning to think that there might be something wrong with Alan, since the unusual behavior is continuing.

You start to keep notes. You write down all the behavior that seems unusual: what the circumstances are and what Alan does. After another month, you suspect that he might have a problem that calls for outside help. Your careful observations and the notes you keep are the best beginning for figuring out what the problem could be.

Anyone who works with children can be a detective in this way. If you notice a problem in a child, try to figure out possible explanations for it. Test each explanation to see if it accounts for what you have observed and reject ones that don't fit the facts. Gradually, you can narrow down the possibilities. You may find yourself with one or two possible explanations of the problem or you may still not know. At that point you may decide to seek help.

How to Observe

Observation is a technique of focused looking and listening to what people do and say. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

Your first step is to decide what you want to observe. Thinking about Alan again, for example, you remember that he can't complete a simple puzzle. Since you know that doing puzzles requires fine motor skills, you want to observe how he handles other activities that require such skills.

You next think of other activities that require fine motor skills. They might be coloring, working with clay, turning the pages of a book, picking up a spoon and a cup, and zipping a zipper. You will want to observe Alan when he is doing these things.

Your observation notes should include several kinds of information:

- What the activity is: snack, for example, or sand table.
- What is happening around the child. ("The room was noisy, and Alan was getting little attention from the teachers at that moment." "It was a hot day, and that corner of the playground was crowded." "I asked Alan to cut out a picture of a jack-o'-lantern without my help.")
- The *details* of what Alan does and how he does it. ("Alan held the cup with two hands, and dropped it when he tried to hold it with one hand." "Alan's movements were very slow and listless, and he put his head down on the table twice.")
- How the child is feeling. ("Alan felt good because he had just been able to throw the ball to me for the first time." "Alan was annoyed by

Hisako, who kept reaching for his cookies." "Alan's favorite cousin is visiting from Alabama this week.")

You continue to observe Alan's skills regularly enough and long enough to get a sense of how he is functioning.

Here are some general tips to help you be systematic as you observe.

1. Note details

It is very important to write down specific, detailed observations that focus *exactly* on what the child does. For example, if you write down, "Alan spilled his milk," this might mean that he was angry, wasn't paying attention to what he was doing, was awkward, had a problem with his arm or hand muscles, or a number of other possibilities. However, consider this version: "Alan reached for his milk cup with both hands. The closer he got to the cup, the more his arms trembled. Finally, the trembling made him knock over the cup." These notes would be immensely helpful both to you and to a trained diagnostician, who would recognize that they could indicate a serious physical problem.

For information to be useful to you and others, it must be specific.

2. Write down the details as soon as possible

Note down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important. They describe a child's individuality. They are also the best indicators of a child's strengths and weaknesses. When you make notes, try not to be obvious about it. Write them down away from the child.

3. Plan a realistic schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child does easily and has problems with in the skill area you are focusing on.

4. Vary the settings in which you observe

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you and other adults. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

"February 17, For the first time today, Peter tried to figure out how the pedal on the tractor works."

5. Vary your observer role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity of the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe, otherwise the child might not act naturally.

6. Start by observing one child at a time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

Watch for Patterns

Watching for patterns is an important part of observation. You may notice that a child sometimes forgets words, stumbles, or knocks things over. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations—try to keep your own feelings and reactions separate. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

Going back over all the notes you have made can help you discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes, you should be able to identify areas of strength and weakness in the child's skills. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information can also become a basis of discussion with other teachers, the parents, and the specialists.

For example, when you review the observations you made about Alan, it becomes clear that he *does* have a problem with his fine motor skills. In particular, you notice that he has a lot of trouble with hand-eye coordination—making his hand move to the place where his eyes tell him his hand needs to go. Since your objective is to improve Alan's hand-eye coordination, you select activities that involve this skill so that he can get the practice he needs. These activities might include puzzles, sand table, making collages, and pointing to pictures. You can also decide to work alone with Alan more, both because he needs your help with the skill and because he works better on it in a quiet place away from the other children.

Step 2:

Set Objectives

An important part of the planning process is developing individual objectives that will lead to the maximum growth of each child. The objectives need to be realistic in terms of the purpose of Head Start and the program's staff and time resources. Most important, the objectives should be developmental objectives. In other words, you can't expect to make a retarded four-year-old function exactly like non-handicapped four-year-olds, but you can help the child progress to his or her next developmental level.

Here are some guidelines for setting objectives.

1. Be Specific

When you have gotten together your observations, you will find some areas of strength and some weaknesses. This information is not particularly useful until it is translated into what the child *needs*. State objectives in terms of skills and behaviors that need to be learned and that you can observe. Set a target date for the achievement of each objective. For example, if Tanya has difficulty sorting out related items, your objective for her is to learn to group items according to likenesses. To make this objective more specific and easier to observe, state it as follows: "In two months, Tanya will be able to group toy animals by size, and marbles by color."

2. Develop Both Long- and Short-Term Objectives

If Robert has difficulty with self-help skills such as eating and dressing, a long-term objective for him might be: "Robert will learn to fasten and unfasten his clothes with a zipper." Short-term objectives that will help Robert meet the long-term one are: "In one month, Robert will be able to finish unzipping a zipper that has already been started. In two months, Robert will be able to unzip a zipper without assistance. In eight months Robert will be able to zip up a zipper without any help."

3. Develop New Objectives as Needed

Objectives will have to be changed if your observations show that there is a need for it. If Robert surprises you and learns to zip up his zipper in only six months instead of eight, or if it takes him more than two months to unzip the zipper, you will want to develop new objectives to fit Robert's needs.

"Objective: Derek will snap the bottom snap on his jacket by April 15."

Step 3:

Select the Program, Acivities, and Techniques

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For some retarded children, a full-day, center-based program is best. For others a part-day program combined with a home-based program or a special class might be best. The particular combination of Head Start and other services that is best and the amount of time spent in each varies from child to child. It is a good idea, however, to start off by *expecting* the child to participate in *all* standard Head Start activities along with the other children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for retarded children to participate in all your usual classroom activities, think about ways to adapt them, and prepare them differently. You can use a variety of teaching techniques to make sure the child gets what he or she needs. For examples, look at the "Activities" in this chapter.

Step 4:

Develop Plans with Parents and Specialists

Parents

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see a child for long stretches of time, to observe the child performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal about their child that no one else can learn simply by being the child's teacher. Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working, in their different roles, toward the same end. Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you the child's accomplishments at home. As you work together with parents, you might invite them to observe the program and to assist in class activities.

Specialists

Specialists typically see a child for short periods of time doing a limited number of tasks, and interacting only with themselves and the parents. Sharing your observations with specialists can provide them with valuable information on the child's activity in a more normal setting. In turn, the specialists can help you understand what limits the handicap imposes on the child's activities, and may be able to help you develop objectives that are based on the child's needs and abilities.

Step 5:

Continue to Observe, Reassess, and Make Adjustments

While a formal assessment of each child's development and progress may occur only once a year, you should aim for more informal evaluations much more often. (Remember how quickly children change at this age, especially in a stimulating Head Start classroom!) As you observe regularly and record a retarded child's responses in major skill areas, your understanding of that child and the effects of the retardation will grow. Keep in mind the objectives toward which the child is moving, and how much progress has been made.

Refer often to your past observations, and look for patterns in skill areas. If, for example, there is a pattern of poor eye-hand coordination, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement. Try to include more of these kinds of activities in the future.

Step 6:

Continuity Between Head Start and the Public Schools

As a result of the Education for All Handicapped Children Act, public schools will increasingly be providing the benefits of mainstreaming classrooms and special services to handicapped children. After being in a mainstream Head Start classroom and receiving special services, children with mental retardation will need to have these advantages continue. There are several things a handicap or social service coordinator and you can do to contribute to the continuity of the education that a child with mental retardation in your program has been receiving.

- **Some Head Start programs have developed formal relationships with the public schools in their areas, to assist in the transition between preschool and elementary school. If your program has no formal relationships with the public schools, you might explore the possibility of establishing them. Your program director or handicap coordinator will know where to go for suggestions on how to achieve this.**

- Developmental continuity is made easier if community providers of special services to Head Start children continue to provide them to children as needed when they go on to public school. Before a child leaves Head Start, you can discuss the child's future plans with the specialists who have been working with him or her.
- Parent participation in the services their child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that their child receives needed services in elementary school.
- Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them would be welcome.

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The Physical Setting and Classroom Facilities

No two Head Start programs have the same classroom facilities, and few of them have ideal physical settings. But wonderful learning environments often exist without modern buildings, fancy furniture, or expensive materials. The children and the staff really make any preschool program. One of the best things you can do for retarded children is to talk to them, encourage them to talk, and listen to them.

By and large, most handicapped children *don't* require special classroom arrangements or extra materials. You can adapt and reorganize the materials you already have to meet the needs of retarded children. Basically, the classroom should be arranged to suit the special needs of the retarded child. These modifications should not be necessary very often, and they are sure to be minor.

There are moments when handicapped children need special help in dealing with the physical setting of the classroom. Such help should be given freely. In general, arrange your room so that the child can explore the space and use the materials with as little assistance as possible. Here are some suggestions that are useful with *all* children. They are particularly helpful for children with handicaps, including mental retardation.

Clear Traffic Patterns

If you have a child in your program who is just learning to walk and is still clumsy, make sure that there is enough space between furniture groupings to avoid "collisions." The traffic patterns between activity areas should be easy to recognize. Making a map of your floor plan before the beginning of the program year may help you to recognize and correct traffic problems before they happen. Don't overlap traffic routes and activity areas—this will disrupt the children who are involved in the activities.

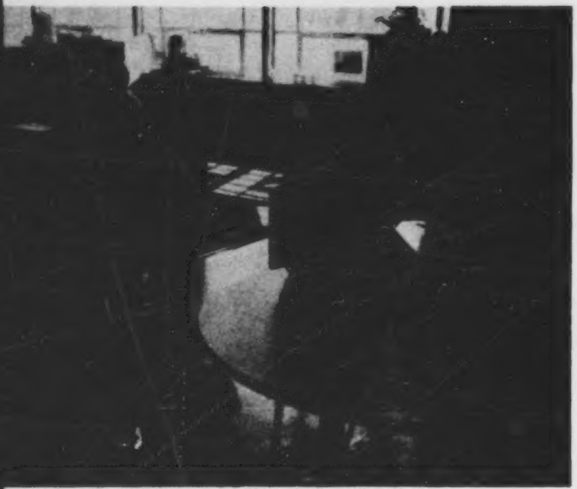
All the trucks together.

Neatly arranged materials invite playing.

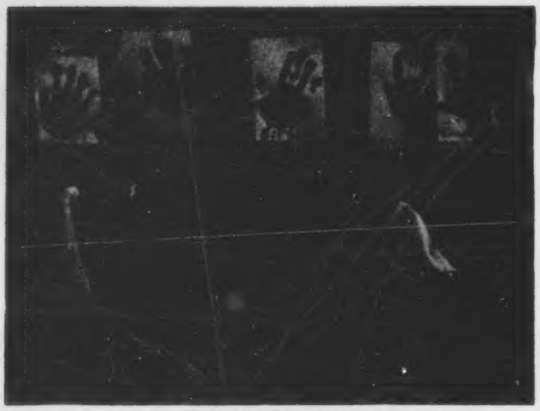
Start Simple

Keep your room arrangement as simple and uncluttered as possible, especially at the beginning of the year. As the children get used to it and learn to handle a more complex environment, you can gradually increase the amount of materials and number of activity areas. The use of well-defined and consistent space patterns will avoid confusion and help the children become familiar with the classroom organization. The space in which each activity occurs should be clearly marked.

For example, you might want to put masking tape on the floor to indicate the big block area, the housekeeping corner, and other areas. Other space cues, such as cabinets and movable partitions, can be moved around as needed. Mark storage areas clearly. Make sure children know where they are and what belongs in them, and can get at them easily. Be consistent about where materials are kept and where activities take place.



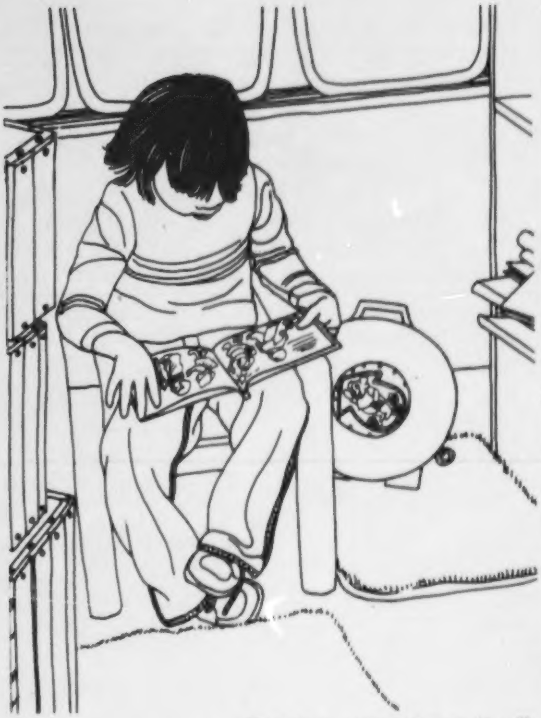
Play areas should be clearly marked.



One good way to label cubbies.

Noise Level

Avoid placing noisy activities next to quiet activities. Noise and movement distract some children from quieter tasks. Noise interrupts the rest breaks that some handicapped children need. Most retarded children need help in improving their language skills, but it's hard to make out what a teacher is saying if it's very noisy. Listening and speaking are a lot easier for everyone when it's relatively quiet. Be sure there are quiet places in the room, perhaps sectioned off.



Getting away from it all.

Individual Space Cues

Some children aren't used to sharing a room with a lot of other children, and they may use more than their share of the space. You can use physical signals to limit their movement. For example, when Sean sits in a circle, he might extend his legs and kick the child next to him. To avoid this, try a masking-tape "x" or a rug square on the floor where Sean is to sit. A file cabinet or a bookcase can be strategically placed to define the space you want a child to occupy. More subtle cues, such as a friendly touch or placing a disruptive child directly in front of you, will also help limit children's movement.

In general, the more obvious the space cue, the easier it is for the child to understand. As the children learn to use space properly, you can gradually eliminate the more obvious cues (rugs, tape), and substitute less obvious ones (a spoken reminder).

Even the spoken reminder will no longer be needed when the child learns and accepts the limits of his or her own space.

Personal Places

There should be a quiet place available where children can go on their own. Some classrooms have cubbies where children keep their personal belongings. These are sometimes large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the child would like this. Try to arrange your book area so that it is soft and comfortable, and has private nooks and crannies.

Everyone needs to get away from it all every once in a while.

Use What You Have

Just like for all young children, you don't need expensive or fancy materials for a child with retardation. You can often adapt what you have by thinking about what the child needs to learn from the materials. Watch the child to see if they are too complicated. If they are, the way the child reacts will let you know how to simplify them.

You might ask a retarded child's parents for help in adapting classroom materials. They may already have done this sort of thing at home.

Try to use materials that will stimulate children's curiosity. Offer materials that need active fingers and hands, and that allow a variety of uses. Since learning takes place through all the senses, include materials that a child sees, hears, feels, smells, tastes, and moves.

The only extra materials you might consider obtaining for retarded preschool children are those designed for younger children. If a retarded child is functioning at a two-year-old level, provide materials designed for two-year-olds. Have some two- or three-piece puzzles on hand, for example, some large picture books with untearable pages, and some large pegboards with easy-to-grip pegs. If it is easy to locate such materials, fine. If not, you can usually think of ways to adapt what you already have.

4

General Teaching Guidelines

There are many good ways to teach. Because of your personality, temperament, and values, you have developed your own individual teaching style, which is reflected in the activities you choose, and in the ways you interact with children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. So it is best not to try to change your natural teaching style for a retarded child. It will only serve to make both you and the child uncomfortable.

With retarded children, you will want to apply your teaching skills consciously, using those skills that most effectively serve the needs of the child. You do much the same for every child. But since children who are handicapped have problems that seriously interfere with overall performance, they require extra consideration. Following are some basic principles that you may already know and use with *all* children. They are particularly useful in working with children who have handicaps, including mental retardation.

1.
Understand Your Feelings and Keep Trying

A couple of weeks before preschool opened in the fall, Ms. Lazon was asked to take responsibility for Linda, a four-year-old child with mental retardation who was about to enter the program. For two weeks Ms. Lazon had thoughts like these:

> *"Me? I've* never *worked with a retarded child before. I won't know what to do with her. She'll just stare at me, or cry. Her parents will see I don't know what I'm doing. What should I do if I talk to her and she doesn't answer? Who will help me with her? How will I be able to have enough patience to show her something for the sixth time in a row? Why wasn't some other teacher chosen for this? Everybody will see I don't know how to work with this child, and I'll be embarrassed. If I try something and it doesn't work, what on earth will I do then?"*

If Ms. Lazon had been able to speak with other staff members in her program about these worries, instead of keeping them to herself, she might have felt better. Talking with the director of the program, she might have been able to find out why she had been chosen. The handicap or social services coordinator could have explained what kinds of help were available to her.

Starting Out

Some adults are nervous and worried about working with a handicapped child for the first time. This is a typical reaction when they don't know the child very well yet (if at all). As a result they sometimes start out thinking of the child as a *"retarded* child." As they spend time with the child, watch the child, play with the child, and hug the child, they usually find that they have begun to think of the child as a *"child* with retardation," and soon they think of him or her as a *"child,"* plain and simple.

Your first efforts working with the child may not all be successful—this is to be expected. You may feel frustrated and guilty. If something goes wrong (as things do from time to time), figure out what happened, and keep it in mind for the next time.

Don't expect miracles. No one is asking you to cure a child, or to make the child into the fastest puzzle-doer in the class, or into the best runner or climber. Sometimes, even with the very best help from you, the staff, and specialists, a child doesn't make as much progress as hoped.

If he doesn't learn today, you can try again tomorrow.

Pierre

This was true of Pierre, a child with very serious problems. Although the teachers knew how difficult it would be to work with him, they accepted him into the program because they had been able to help other children with retardation.

When Pierre started the program, he was hard to manage. He yelled, pushed children out of his way, and refused to do what was asked of him. He couldn't sit still. He sometimes got so angry he lost all ability to speak.

But every now and then, Pierre did seem to do better. He learned a few new words, and he kept still long enough to play at the water table. He made several approaches to play with other children. He could listen to a very short story if a teacher held him on her lap. Sometimes it looked as though a breakthrough was about to happen.

But then the next day, Pierre would go back to his old behavior—or worse. Although his teachers were discouraged, they tried to be even more sensitive to his needs and moods. They had regular staff meetings about Pierre. They asked a number of specialists for suggestions and advice. They scheduled regular sessions with some specialists. They worked closely with his parents.

But in spite of all their efforts, nothing worked. Pierre's problems are as serious now as they were on his first day in Head Start.

Some children, like Pierre, never seem to progress. All you can do is your best to try and help. There will also be many times when you will succeed in helping these children to make the best compensations they can for their handicap, and to take advantage of the talents and skills they do have.

2.
Classroom Personnel

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

Aides

Your aide or assistant helps you teach activities and work with children individually. This help is especially valuable if you have a retarded child in your class who needs special attention and assistance. Aides should be included in developing educational objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why,* to help the child learn and play with other children.

It is not a good idea to have the child work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, need the security of an attachment to only one adult in the classroom before they are able to work with several adults. For such a child, you may want to assign an aide to work with the child for a while.

On the other hand, other problems can be created when a child has too many caregivers who come and go. This makes it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults. Individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

Volunteers

Volunteers can be helpful in working with handicapped children even though their work hours are probably shorter and less predictable than those of aides. They, too, need explanations and directions from you about what they are requested to do.

Parents make good volunteers. High school and college students are also ideal volunteers. Young people who are learning about children in school are often interested in working with them. Another source of volunteers could be senior citizen clubs or apartment complexes for the elderly. Many elderly people, especially those whose grandchildren don't live nearby, would be pleased to help with young children—and they certainly are experienced! Another excellent source of volunteers is organizations and agencies in your community that work with handicapped children (such as Easter Seal, United Cerebral Palsy Associations, children's hospitals, rehabilitation centers).

See to it that everyone who works with a handicapped child in your class gets along well with him or her. Everyone works better when they enjoy what they are doing.

3.

Setting Limits

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Look both ways before crossing the street." State safety limits simply and frequently, and demonstrate them when necessary. Enforce them consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, be consistent in enforcing them. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure. They will approach learning without fear.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions.

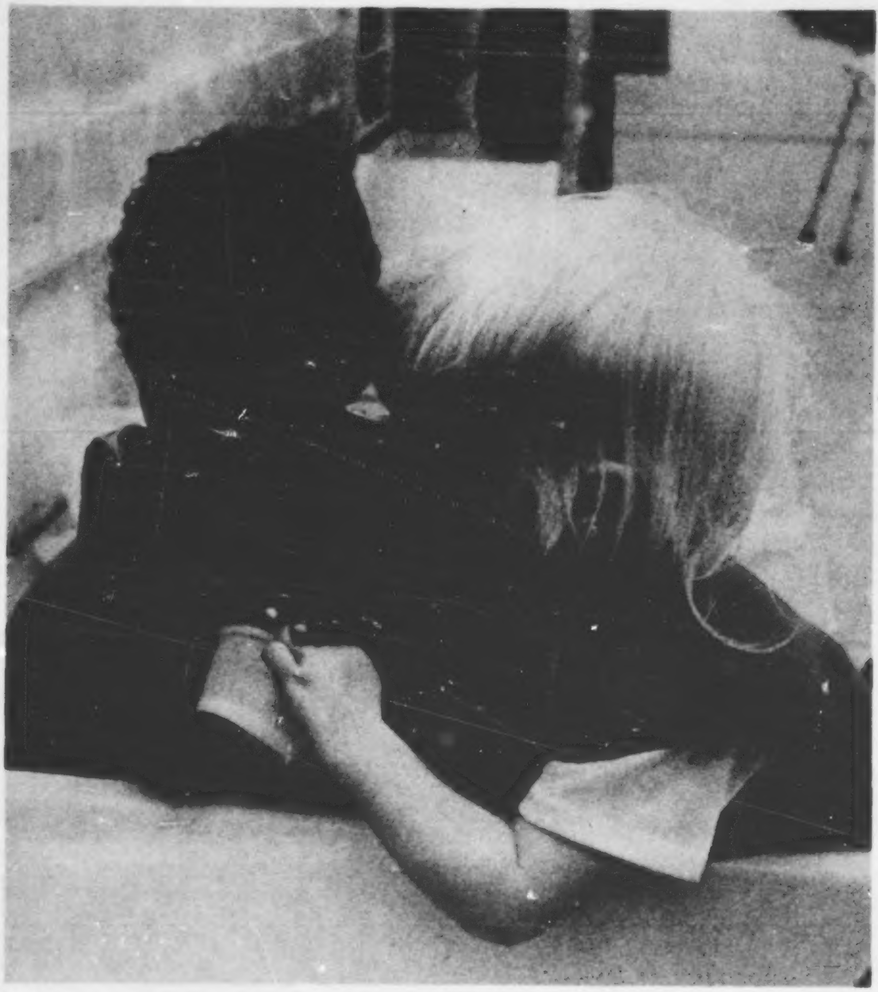
How Does It Affect the Other Children?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps it should be something you may want to learn to live with.

For example, if Tasha's loud voice seems much more annoying to you than to everyone else in the class, maybe it is not so important that she be quiet, after all.

Can the Child Help It?

Does the child have control over the behavior? For example, you may find it hard to take the slowness of a particular child in getting ready for the next activity. Although you can do some things to speed up the process, it may not be possible to speed it up as much as you would like. This means you must adapt to the child's behavior. Concentrating on the child's needs rather than on the behavior may help *you* change.



This behavior is disturbing the boy, and should be stopped.

Is a Change Justified?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient.

Derek is a child who has a hard time keeping still for long. Helping him learn to stay and work at the puzzle table is important, because he won't be able to learn the skills puzzles can teach him if he is running around the room. On the other hand, it's not important that Derek sit at the table. He may need to move around the table as he works on the puzzle, but he can still learn this way. There would be no educational reason for asking him to sit still.

Can You Think of Substitute Behavior?

What behavior do you want the child to substitute for the unacceptable behavior? One good way to help children change undesirable behavior is to teach them a good substitute. A child who hits other children can be taught to express anger with words, or to stalk away from the anger-producing situation, or to hit a punching bag. Make sure that the new behavior competes with the undesirable one. Laura can't hit Rudy and stalk away from him at the same time, so stalking away would be a successful technique for her.

4.
Pacing

Plan your day so that the activities are varied. Alternate between active and quiet activities, between organized projects and free play. When you teach new skills, present them first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

A child with mental retardation is especially sensitive to the pace of the day. Some retarded children tire easily, and may need more quiet times than non-handicapped children. This doesn't necessarily mean a nap—often ten minutes alone in the book corner is enough. Also, the child's attention span may need training and strengthening if he or she isn't used to preschool. If a child's attention span is short, make the activities short, too. You can lengthen them as the child learns to pay attention for longer stretches of time. Finally, there should be extra time available for the child who needs more than one turn to understand or to do something. Providing time for that extra turn or two can mean the difference between success and failure.

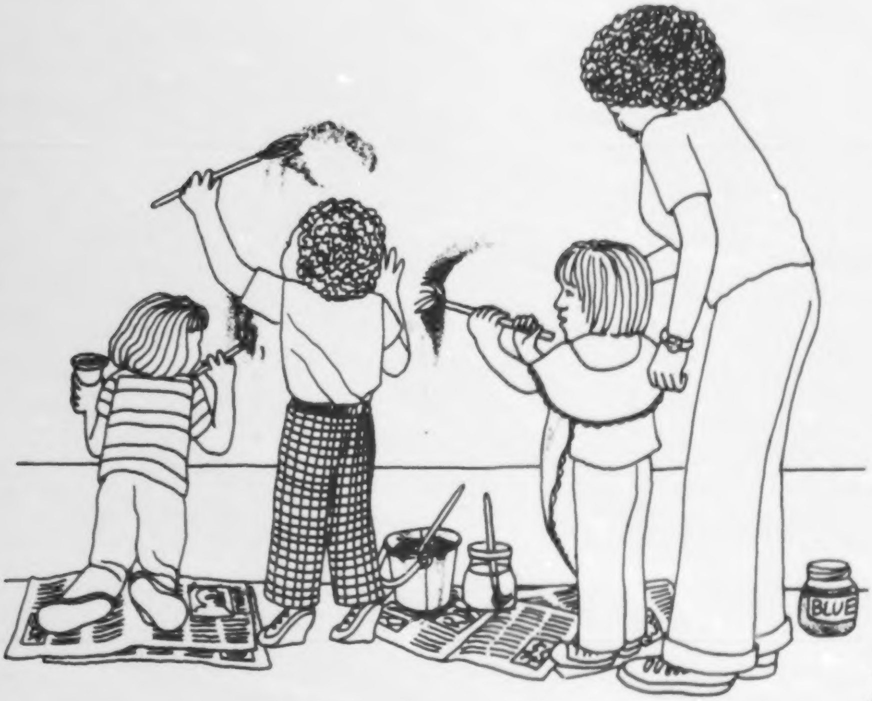
5.
Grouping

At home children with special needs are sometimes isolated from other children. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn a new skill by seeing someone else do it correctly. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a handicapped child is weak, another child (a peer) who has the skill can act as a model. Likewise, in areas where a handicapped child excels, she or he might be paired with a less skilled child.

No child, handicapped or nonhandicapped, is good at everything or bad at everything. All children should have the opportunity to give help to their classmates and to receive help from them.

Try very hard not to exclude a child with special needs from any activity, especially large-group activities. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, when several children are painting a mural together, stand near the child to make sure that he or she enjoys it without disturbing the other children's painting. In this way, the child is a full participant in the activity, is not isolated, is not interfering with the other children, is having fun, and is also practicing needed skills.

Individualized teaching does not mean isolating a child. Rather, it involves modifying the activity so that all children participate within the same learning situation.



Modify the activity for several children.

6.

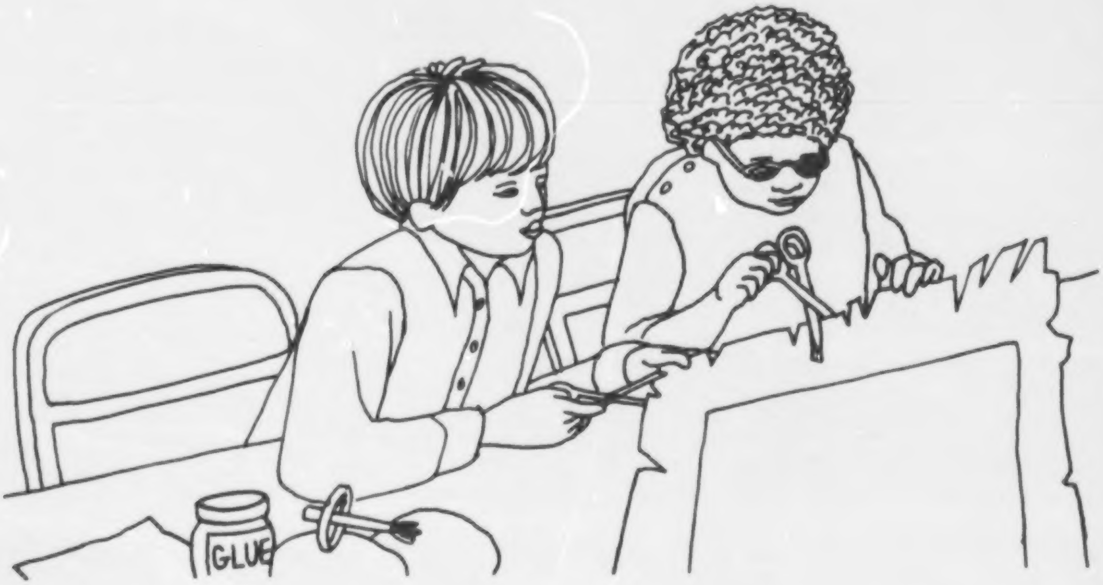
Children Helping Children

We have already mentioned the benefit of using children as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming children with special needs. Your youngsters will probably be eager to serve as helpers. This experience has a bonus: it helps them develop positive attitudes about handicapped people. In addition, their help will free some of your time for other responsibilities. Ways in which non-handicapped children can help in mainstreaming a handicapped child include:

- introducing a new child to the physical setting of the classroom
- helping a confused child to organize his or her materials for a cutting and pasting activity
- providing a child with opportunities to practice a newly learned skill
- assisting a poorly coordinated child during playground games
- alerting a child whose attention wanders that a teacher is about to give a direction
- sitting close to an easily frightened child to provide support when the lights go out during a film-strip.

Peer helpers should be used often, and this includes using a handicapped child in areas where he or she excels. In this way, all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or are less worthy than those who offer help.

You may find that there is a non-handicapped child in your class who is unusually responsible and enjoys being a big brother or big sister to a retarded child. This is fine, but make sure that you are not relying so much on your helper that he or she becomes a substitute teacher, or does more for the retarded child than is needed.



7.
Breaking Down Skills

Every skill is really composed of many sub-skills—there is no such thing as a one-step activity. Skills such as tying shoelaces, cutting a circle with scissors, doing a somersault, or learning to count consist of many sub-skills.

Some children can master a new skill very quickly with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Handicapped children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity. Children with mental retardation have this problem in all skill areas.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, if you want to teach a child to hop, check to see if he or she can balance on one foot. Balancing on one foot is a sub-skill of hopping, and must be mastered first. Since breaking down skills into small parts is very important with retarded children, we cover it in detail in the "Activities" section of this chapter.

8.
Sequencing Activities

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns.

For example, children can begin to learn about traffic lights by hearing a story about one and by coloring a picture of one with red, yellow, and green crayons. Then you could play a game of "Red Light, Green Light" with them. The next step in the classroom might be to set up a maze, complete with teacher-made traffic signals, and have each child go through the maze as the light changes. (You can make the light change by inserting red, yellow, or green cards at different times.) Finally, you will want to go outside and practice the real thing. By sequencing these activities from simple to more complex, you have helped the child to generalize, and have reinforced the concepts you are teaching.

Be sure to demonstrate to a child how the skills learned in one activity can be used in others. A retarded child may need to repeat a sub-skill, a skill, or an activity several times with your help and several more times without it, before moving on to new activities at a more difficult level.

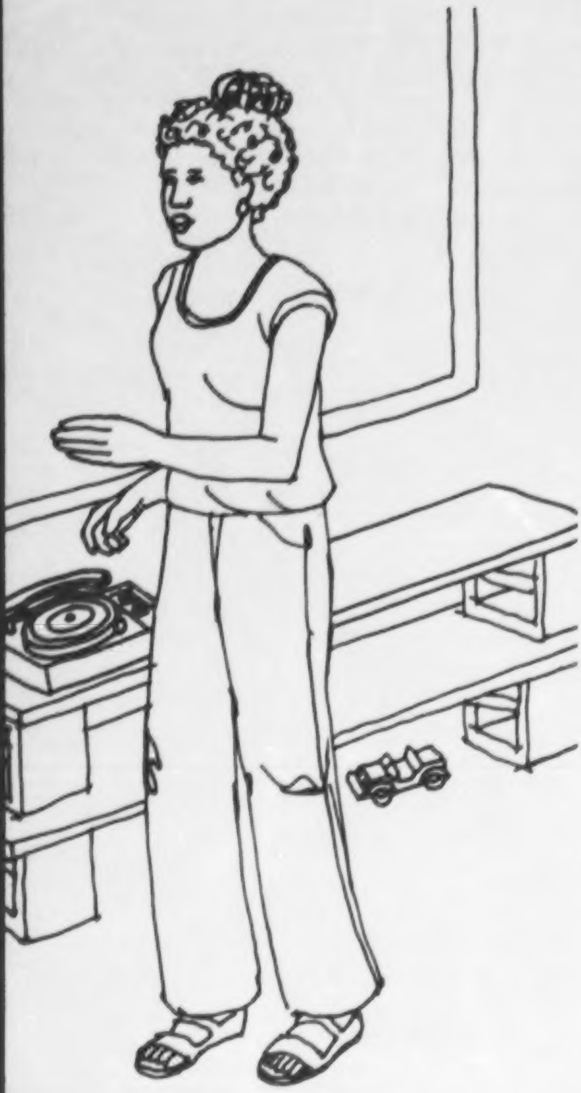
9. Physical Contact and Guidance

Use physical contact to help a handicapped child, to ensure safety, to provide guidance, and to limit space. Feel free to express your affectionate feelings with a pat or a hug. Guard against using physical contact to punish a child.

Physical contact is especially important for a retarded child, who can often learn best by being "moved through" an activity one or more times, until independent participation is possible. Put your hands on Marilyn's shoulders and walk her around the circle. Put the crayon in Peter's hand and put your hand over his, so that he can feel the motions of drawing a stencil pattern.

Using physical guidance as you move Marilyn around a circle and as you help Peter with the stencil is a temporary technique that allows them to be successful on their own. In this sense, physical guidance (and stencils, too) are like training wheels on a two-wheel bike. The success children have with your help makes them more willing to try again, and the structured practice helps them learn more quickly. After a while, your help, just like the training wheels, will no longer be needed.

10.
Avoiding Over-Dependence



If he can reach the paint brushes, allow him the pride of getting them himself.

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. In the case of many children with special needs, it is all too easy to assume that they are more helpless than they really are. Seeing that they cannot do some things may make us think that they cannot do others.

Furthermore, some parents may have overprotected their handicapped child to make up for all the extra problems that their child has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child is a trap that you don't have to get caught in. You have to ask yourself: "Is this really impossible for the child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a slow child because you can do them faster and better. But if you're always the one who zips the zipper and sets out the paint brushes and turns the book right-side up, the child won't have a chance to try to learn to do these things. And isn't the child in your classroom so that he or she *can* learn to do them?

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

11.
Confidentiality

Making sure that confidential information stays confidential involves careful record-keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-333-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also spell out procedures to guarantee confidentiality of records:

- **Records must be stored in a locked place where unauthorized people can't see them.**
- **The Head Start director must determine which staff members can see which parts of the records and for which reasons.**
- **Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.**

These procedures are designed to make sure that all records on a handicapped child and his or her family are seen only by people who need to see them for legitimate educational or medical reasons.

Avoid writing down confidential information such as that contained in the child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about handicapped children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which handicapped children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say—and to whom you say it.

4

Specific Teaching Techniques

This section suggests specific teaching techniques that you can use to help mentally retarded children in your classroom learn better. It includes recommendations for improving self-concept, tips to keep in mind, the techniques of task analysis and behavior modification, how to handle transition times, and ways to help with language problems.

Improving Self-Concept

Children's self-concept is affected by the expectations of the people who are important to them. For example, if Jackie's parents and teachers think it is important to eat neatly, she will enjoy their approval, and feel proud of herself when she keeps her milk in the cup and her food on the plate. Children who believe that they are capable of fulfilling the expectations of the people who are important to them develop a positive self-concept, or a sense of worth in themselves. This sense of worth in turn encourages them to try new things and again be successful. They begin to feel capable when they are praised and valued for the good things they do. For this reason, social skills, gross motor skills, and all the other skills have to be thought about in connection with children's self-concept.

"Do the other children like me?" "Am I big and strong?" "Can I climb to the top of the jungle gym?" "Is my teacher proud of me?" Children ask themselves these kinds of questions often. Those who can answer "yes" are likely to have a positive self-concept—they find the world a friendly and delightful place, and they are eager to try out new things. Children who answer "no" are likely to have a negative self-concept—the world is an unpleasant place where new experiences mean new failures. Since failing is so painful, these children may tend to avoid the new experiences, because they foresee getting hurt by them.

Children with a negative self-concept can react in a number of ways. They seem to need your attention very often. They may be withdrawn and quiet, and may refuse to play with other children. They may be frightened, insecure, timid. They may be resentful and sullen. They may cry a lot. They may misbehave, disrupt activities, or annoy or try to hurt other children.

Although poor self-concept is damaging to all children, it is a special problem for children with mental retardation: their handicap means that they can't yet do some things that other children their age can do. Mildly and moderately retarded children, in particular, are very well aware that in some ways they don't "measure up" to the other children. This is why children who are retarded are very much in need of successes. With successful experiences, these children will feel better about themselves.

"I made this all by myself!"

Here are some steps you can take to help children develop a better self-concept:

- **Structure activities so that the child feels successful. Break them down into as many small steps as needed for success.**
- **Praise progress, no matter how small.**
- **Try to be positive about failures. "You tried very hard. With such good practice, I'm sure you'll learn how to do that soon."**
- **Be patient when it is necessary to show a child how to do something many times.**
- **Be tender, accepting, and loving.**
- **Don't talk about a child's problems in front of him or her.**
- **Concentrate on a child's strengths, not weaknesses. Use those strengths to the child's best advantage.**
- **Fit the activity to the child, so that it is challenging but not overwhelming.**
- **Be consistent about what you are expecting from a child.**
- **Make the child responsible for a part of the classroom routine, and praise his or her reliability.**
- **Never allow other children to make fun of a child.**
- **Include each child as fully as possible in all activities. Isolation hurts.**
- **Give each child the opportunity to show off a little, such as displaying drawings. When a child is proud of something, show it to others.**

Tips to Keep in Mind

1. Make It Simple

When you are explaining something, keep your directions simple. Use only a few words. Speak slowly and clearly.

Show the child how to do the particular task. Physically move the child through the task so that he or she begins to "feel" what to do. For example, if you are teaching John how to jump, lift him off the ground with you as you jump, to show him how it feels.

Stand or sit close to the child during the task so you can help when needed. (But only when needed!)

Reduce clutter and noise. Use materials that are clear and plain, with bold lines. Avoid materials that have confusing backgrounds or crowded pages.

2. Make It Short

Some of the retarded children you work with will be very active. Some may get easily distracted. It will be hard for them to sit and listen. When a child doesn't pay attention, make sure that the activity isn't too hard. Most of us quit trying when we don't understand what to do. Some children also have problems when the activity is long, even when it is simple. Know when a child has had enough.

3. Keep It Organized

Help the children organize their world by providing structure for them. Plan each day so that it is balanced between quiet times and active times. Discuss the routine with the children. As you finish each activity, explain what comes next. You might even post a picture schedule to show the order and kinds of activities. Follow the same routine each day, so the children can anticipate the next activity.

Give clear directions, but only one at a time. Show the child how to do what you are describing.

Don't change activities abruptly. Let the children know that it will be time to stop "when the bell rings," "when the lights go off and on," or "when you hear music." This allows the children to get ready for the shift, and can help prevent tears and tantrums.

4. Teach It

Non-handicapped children often seem to learn without being taught. They pick up on lots of things that they see around them and soon recognize and know them: colors, cars, rhymes, and numbers. But children who are retarded often have to be taught things that other children learn on their own. With retarded children, it helps to use more demonstrations than words. Don't just tell them how to do something; *show* them how.

Give the children lots of practice. Repeat the same activity in the classroom and on the playground. Each time you do an activity, help the children remember when they did it before.

Point things out and describe them. For example, "Look at the big, soft pillow." "Miyeko's coat is blue. Kevin's coat is brown."

Teach in small steps and don't go too fast. But expect a little more from the children each day. Remind them of their successes and encourage them to try their best.

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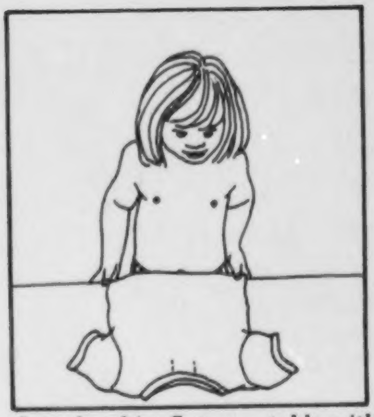
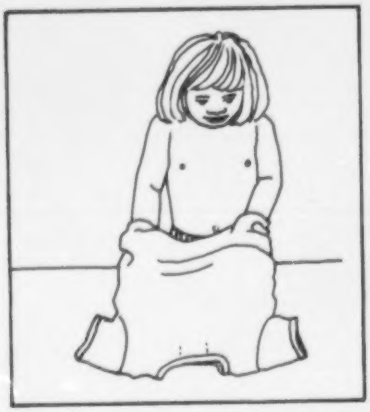
Task Analysis

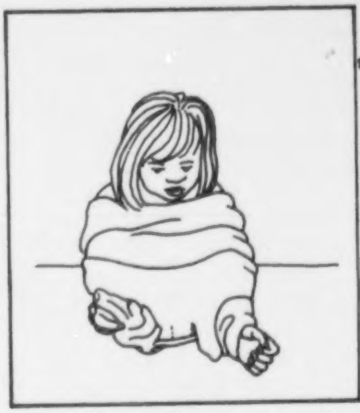
Task analysis is a teaching technique you may already know about. It works particularly well with children who are mentally retarded. The technique calls for breaking a task (activity) down into small sequential steps and teaching each step until the child can do the whole thing. For example, if Mara is having trouble learning to put her T-shirt on, her teacher can break the task down into the following smaller steps:



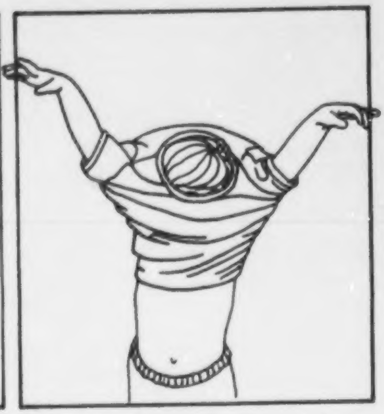
Lay the shirt flat on a table with the back up and the bottom toward the child.



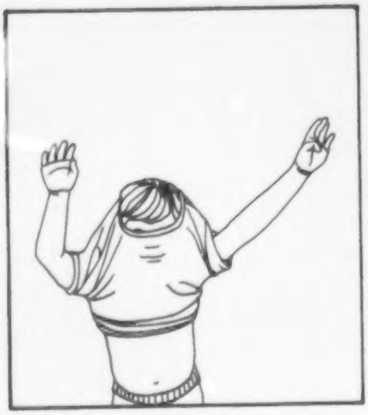
Put both arms inside the shirt.



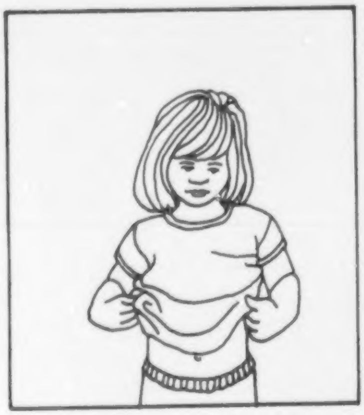
Move both arms along the sides of the shirt to the armholes.



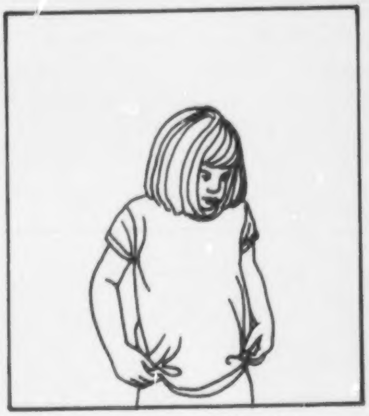
Lift the shirt up so the neck hole is on top of the head.



Pull the neck hole down over the head.



Pull the bottom of the shirt down from the armpits to the chest.



Pull the bottom of the shirt down from the chest to the waist.

When you consider how many motions it takes to put on a shirt, it's no wonder that some children find it a complicated task. Going through this type of analysis can help you be patient with a child, who knows perfectly well when a task is complicated!

Often the easiest way to teach most skills, including self-help skills, is to teach the *last* step *first.* The name of this technique is **backward chaining.** The satisfaction in doing something, either putting on a shirt or completing a puzzle, is greatest as the last step is finished. Backward chaining not only makes it more likely that children will succeed at doing something, it also lets them see the result of their effort immediately, and be pleased at their accomplishment. On the other hand, if you teach children how to put on a shirt, for example, by starting with the first step, they will have a long wait before the final successful moment. And some of them might not have the patience to wait that long for success.

Mara's teacher taught her how to put on her shirt using backward chaining. She first helped her get her shirt almost all the way on, but taught her to do the last step by herself—to pull the shirt down from her chest to her waist. As soon as she could do that, she congratulated her and taught her the next-to-last step—to pull it down from her armpits to her chest. Each time she learned a step, she congratulated her and taught her the one just before. This way, Mara got lots of practice, was successful, felt proud of herself, and learned to do more each day.

Behavior Modification

Behavior modification is a teaching technique that relies on an old principle: when we are rewarded for something we do, we are more likely to do it again. Psychologists call this **positive reinforcement.**

For example, if you tell Sasha that his shirt is beautiful, he is more likely to wear it again. If your supervisor tells you that you work well with children who are slow, you are likely to try even harder and to be willing to work with others who are difficult to manage. If, however, you are criticized for the way you managed a parent meeting, you are less likely to want to manage it again.

Rewarding children in your classroom for effort and accomplishment keeps them working and learning, according to principles of behavior modification. You probably reward children in your classroom often and without special effort. For example, when they have worked very hard, you probably praise their efforts, smile, or give them a friendly pat. But what is rewarding and motivating for one child may not be rewarding and motivating for another. For some children, you may need to make a special effort to figure out what is most motivating to them. To do this, you have to get to know the individual child, and consider what you do that makes that child work harder and behave in desirable ways. Sometimes rewarding children for effort or accomplishment by allowing them to listen to a favorite record, giving them extra time to play with a favorite toy, or giving them the privilege of feeding the fish or watering the plants motivates them.

To motivate children, the reward must be something they want and must be given right after they make an effort or accomplish a task. While you want to give children time to practice what they have learned, you want to be sure that you encourage them to learn more. And to learn more, children need to do a little bit more or a little bit better.

On the other hand, when we are punished for something we do, such as being criticized for managing a parent meeting, the unpleasantness tends to make us want to stop doing it. Punishment, however, can have the opposite effect from what you intend. The attention from being scolded, for example, is a kind of positive reinforcement for children who don't get enough attention. They are therefore encouraged to repeat the undesirable behavior, not to stop it. This is why simply *ignoring* undesirable behavior sometimes works better than punishing children for it. When they are no longer rewarded with the attention of a teacher who is scolding or criticizing them, they are less likely to continue the problem behavior.

Although punishment is not useful for changing most kinds of undesirable behavior, there are times when you have to stop a child, with a firm "no" or a gentle scolding, to protect the safety of the child or another child. You obviously have to stop a child right away from running out into a heavily traveled street or from hitting another child.

You will find that one good way to prevent dangerous or undesirable behavior is to teach children appropriate behavior instead. Of course, physical punishment in any form does not belong in a preschool classroom.

Handling Transition Times

The hardest times for many teachers and children are the transition times—the times between activities. For children with mental retardation, these unstructured times can be disastrous. Without careful management, the time can become confusing for a child, sometimes resulting in misbehavior.

When the children must all move from one area of the room to another, it helps to divide them into smaller groups. This cuts down on the milling around and sets a smoother tone for the next activity.

To prepare children for a change in activity, tell them a few minutes ahead of time that they will have to stop when the bell rings, when they hear music, or when the lights go off and on. This winding-down time is especially important for many mentally retarded children. Eric, a moderately retarded child, couldn't cope with sudden changes. If he was told to stop immediately, with no warning, he would throw himself onto the floor and bang his head. But when he was told a few minutes in advance that it was almost time to stop, he was able to shift gears and stop even his favorite activities without a tantrum.

Helping with Language Problems

Children with retardation often have problems talking and understanding speech. If there were twenty children in your class who were old enough to tie their shoes but didn't yet know how to, you would do more than give them twenty pairs of shoes to tie. You would teach them how to tie shoes. In the same way, children who have not yet learned the speech or language skills that other children have learned clearly need more help than just hearing people talk. If that were enough, they would have learned in the first place. The next few pages contain several suggestions for helping retarded children to communicate better.

1. Be a Good Listener

It is difficult to practice talking if there is no one listening to you. Children with a language problem need to be listened to and rewarded for trying to talk. It really helps them when they realize that adults will stop and listen seriously to what they are saying.

Sometimes, children with speech problems are hard to understand. Usually, as you listen to them more and more, you begin to develop an ear for what they are saying. Parents can often help you understand their children. You might ask them for help.

It is also important that you help the other children in the class understand what a retarded child is saying. It often happens, however, that the children understand the child better than you do at first!

2. Talk About What You Are Doing

Children's earliest speech is about the present—what is happening now. While you are doing things with the children, talk about them. For example, if you were helping the children make pretzels, you might make comments such as these:

> *"We need to put the flour in the bowl. Hamilton is pouring it in. Mary, can you hold the bowl for him? Okay, the flour is all in. Who can add the sugar? Good, now the sugar's in. Jennifer is putting in the salt."*

"Here goes the egg. What color do you see?"

3. Give Directions Simply

Children with language problems sometimes don't do what you ask them to do because they don't understand what you want. Help them learn to follow directions by taking the following steps:

- Get their attention.
- Talk to them in language that is appropriate to their level of language development. For example, if the children speak in two- or three-word sentences, tell them what to do in three- or four-word sentences.
- While you are talking, use motions to show them what to do. If they still don't understand, take them through the directions step by step, using your hands to move their bodies.

4. Use What the Children Already Know

It is easiest to learn something new if it is paired with something familiar when you teach it. For example, if a child uses single words and you want him or her to begin to use two words together, put together two single words the child already knows to make a two-word phrase.

Sylvia has never used more than one word at a time. She knows the words "more" and "juice." Each day at snack time you might ask, "Sylvia, do you want more juice?" One day she may reply, "More juice." Then you can say, "Good! You want more juice." Sylvia has spoken her first two-word phrase.

5. Repeating Words Correctly

Repeating what children say with a correction is called "modeling." It allows children to hear the right way of saying something without making a big deal about their mistakes. If Leon says, "I want more duce," you can reply, "Yes, you want more *juice.*"

6. Expand on What Children Say

Expansion is like modeling, because it also involves repeating what a child has said. But instead of just saying what the children have said, you add something more—you "expand" the phrase. This not only shows them that you understand what they have said, it also suggests new information they might add. When Paul says, "Susie is hiding," you might say, "Yes, Susie is hiding behind the blocks."

7. Get the Children Talking

Many retarded children with language and speech problems don't talk unless they are encouraged to do so. It is sometimes hard to talk very much to children who don't answer very much. But in order to speed up their speech and language development, it is important to get these children talking, to keep them talking, and to listen to them. The following suggestions may help these children talk more.

- Talk to the children while they are doing something. They are more likely to talk at these times, because they are less self-conscious.
- Encourage the children to bring in special things from home, and give them time to share them with the rest of the class.
- Encourage the children to talk about how they feel. Being able to tell a friend that you are angry may cut down on the need to hit your friend. In the same way, being able to say "I like you" has its special rewards.
- Let the children do as many different things in the classroom as possible. It gives them more to talk about.
- Teach the children how to give important information, such as their names and addresses. They will probably have to learn such information bit by bit.
- Teach the children a short rhyme or song they can perform for others. Being able to put on a show can really build children's confidence in their speaking ability.
- Include activities and words that are meaningful to the children. They have all heard the word "milk" but they may never have heard of "eggnog."
- Ask the children open-ended rather than yes/no questions. "What are you going to buy with that nickel?" is better than, "Are you going to buy sugarless gum with that nickel?"
- Listen when a child talks. Few people talk for very long if no one wants to listen to them.

"What is on my hand?"

Activities

Like all preschoolers, children who are mentally retarded need to learn skills in the following areas:

- gross motor
- fine motor
- language and speech
- self-help
- social
- intellectual.

This section describes activities that can help children improve their performance in all areas of development. Each description involves ways of modifying the activity or tips to keep in mind so that mentally retarded children can participate. As you know, any activity can be used to teach many kinds of skills. Depending on how the activity is done, some skills will get more practice than others. For example, if you wish to use a puzzle activity to practice fine motor coordination, any simple puzzle will do. But if you also want to practice the intellectual skill of learning colors, you will need a puzzle with different colored pieces, so that you can tell the child, "Now, put the red piece in." You can use the activities in this section to provide practice in many other skills than the ones we have listed.

Playground

Playground activities can help children improve their:

- **muscle coordination**
- **body awareness**
- **rhythm**
- **balance**
- **ability to follow directions**
- **language development ("Step *on* the circle." "Jump *off* the step." "Pick *up* the ball." "Stand *beside* the tree.")**
- **eye-hand coordination**
- **socialization with other children.**

Preparation

Playground or gym time should be a planned part of every day. The equipment that you need for the activity should be ready and in good shape (such as balls, hoops, beanbags, parachute, records). Time spent on the playground should allow for free play as well as planned games and activities. The activities should emphasize cooperative play whenever possible.

Conducting the Activity

1. Give verbal directions and show the children what to do.
2. Stay close to children with retardation until you are sure they understand.
3. Be sure you have planned the transition from one activity to the next.

Tips

Some children can get too excited during free play. If this happens, invite the child to play with you (catch, kick ball, or animal walks). If a child consistently overreacts during free play, you might consider making up a plan for the child that leaves out free play for a while.

Beanbags are easier to catch than balls. Provide them to ensure a child's success at catching.

Rather than have the children choose sides in games, divide them by the colors of their shirts, or by separating them into two equal groups. It hurts not to be chosen for a team.

End every activity in a way that makes starting the next one easier. For example, end a race by having all children sit down when their turn is over.

Be sure that the play area is safe: fenced, no glass, and small enough to be well supervised.

Obstacle Course

An obstacle course helps children improve their:

- **muscle coordination**
- **body awareness**
- **balance**
- **socializationwith other children**
- **ability to follow directions**
- **language development ("Go *under* the table," "Jump *over* the pillow," "Wiggle *through* the tire.")**

Preparation

Set up a simple obstacle course inside the classroom or on the playground. Chairs, tables with blankets over them, rubber tires, and cloth tunnels can be put together to make an obstacle course. Make the first one easy so that everyone can do it alone or with little help.

Conducting the Activity

1. Show the children how to go through the course by doing it yourself, as much as you can, or by having a child demonstrate it for the others.
2. As the children go through the course, describe what they are doing. ("Susan is going under the chair, through the tunnel, and over the chair.")
3. Let children take several turns for fun and practice.

Tips

Check the course for safety to make sure that a tumble wouldn't hurt anyone.

Make sure the children go through it one at a time, so they can take it at their own pace.

Simon Says

An activity like "Simon Says" helps children improve their:

- **ability to follow directions**
- **ability to imitate**
- **muscle coordination**
- **body image**
- **balance.**

Preparation

You need only to tell the children the rules of the game. Stand or sit in a circle with the children, and demonstrate the directions as you give them.

Conducting the Activity

1. Begin the game. Use "Simon says....." on most directions at first.
2. Play only as long as the game is still fun.

Tips

Start with easy directions, and go slowly.

A retarded child may need help. You or an aide might physically move the child through the motions at first.

Puzzles

Puzzles can help children improve their:

- **eye-hand coordination**
- **sense of position in space**
- **depth perception (near/far).**

Preparation

Choose simple three-piece puzzles of animals or objects that the child can recognize. Find a quiet spot for the child to work on the puzzles, with just you or an aide.

Conducting the Activity

1. Show the child the puzzle.
2. Name the pieces, as you point to them ("the red one," "the long one," "the round one").
3. Show the child how to fit a piece in.
4. Give the child that piece and tell him or her to "put it in."
5. If the child can't do it, put your hand over his or her hand and put the piece in.
6. Keep helping the child, gradually letting him or her do more without help.

Tips

Introduce puzzles to a child with retardation one at a time. It is best not to start a new puzzle until the child has mastered the last one.

Don't be surprised if the child would rather twist, mouth, or feel the puzzle's pieces and holes than fit the pieces in.

Field Trips

Field trips can help children improve their:

- **language development (increasing vocabulary)**
- **fine motor skills (handling objects)**
- **gross motor skills (walking)**
- **intellectual skills (receiving information, association, memory)**
- **social skills (meeting people, socializing with other children).**

Preparation

Before any field trip, plan how you will provide the extra supervision that is needed for a child with retardation. Get volunteers and notify the place that you are coming. Prepare all the children for the trip by telling them about it several days ahead of time.

Conducting the Activity

1. Allow plenty of time to get everyone ready, so that no one feels rushed.
2. Put a name tag on each child and assign adults to specific children. Be sure that each retarded child has one adult to hold onto.
3. Point things out to a retarded child. Re-explain things simply. Whenever possible, show him or her how things work instead of just talking about it.
4. Review the trip when you return: what the children did and what they saw.

Tips

Choose places or trips that have meaning for young children, such as the neighborhood store, the big kids' school, or a ride on a bus. It's important that the trip be short. Young children tire easily and can become cranky without enough rest.

Explain what happens at the places you visit: what the people there are doing, and why.

Some typical field trips can be too exciting for very active children with retardation, such as going to a circus, a basketball game, or the zoo. Think twice about the value of the trip.

If a child usually takes medicine at a time when you will all be out of the building, be sure to bring the medicine along.

Consider asking a retarded child's parent to come with you as a helper.

Naming Objects and Pictures

This type of activity helps children improve their ability to:

- **associate words with pictures**
- **progress from the concrete (objects) to the abstract (pictures)**
- **socialize with adult(s).**

Preparation

This activity can be played like an organized game or done at any time during the day. All you need are pictures of some of the common objects in the classroom (chair, table, clock, doll, block).

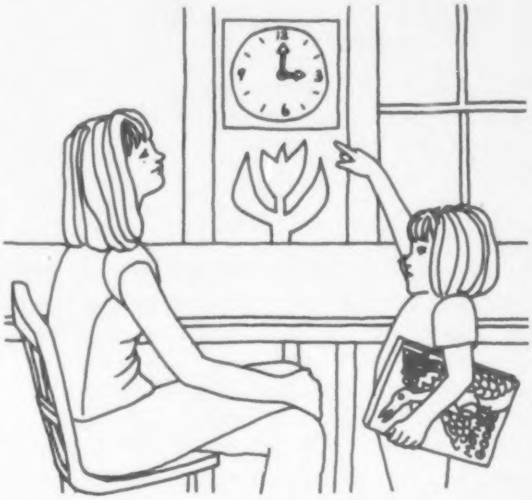
Conducting the Activity

1. Ask a child to point to objects in the room that you name. "Show me the chair." "Show me the clock."
2. When the child can do that, have the child point to pictures of the same objects.
3. When the child can point to pictures, ask him or her to name objects in the classroom. "What is this?"
4. When the child can name the objects, have him or her name pictures of the same objects.

Tips

Try to keep this activity as much like a game as possible. It's most important not to turn the child off to language. If it looks like the fun is wearing thin, that's enough for this time.

Help the child pronounce the words. Praise the child for every attempt to say words—effort deserves praise.



Dressing

Dressing activities help children improve their:

- **independent dressing skills**
- **concept development (up/down, backwards/frontwards)**
- **fine motor coordination.**

Preparation

Some dresing and undressing activities happen every day in Head Start classrooms: for example, taking off and putting on sweaters, boots, gloves, and smocks. Children may need more help and practice with some kinds of clothes than with others. Start with outerwear, such as jackets and coats. Set aside a time each day to work on dressing and undressing skills.

Conducting the Activity

1. Break the task down into small parts, teaching one step at a time. (See the description of task analysis, earlier in this section, for a specific example of how to do this.)
2. Praise each effort and each accomplishment.

Tips

Don't try working on dressing skills until the child is ready and willing.

Start with simple, loose-fitting clothes.

Don't rush. Take time to demonstrate each step to the children, and give them plenty of time to attempt it on their own. It helps to practice dressing skills with some children each day.

Rest

As we all know, rest is also an important "activity." It is especially important for young children. Some children with retardation need more rest than non-handicapped children. Rest gives them and other children a chance to relax and be calm, even if they don't fall asleep.

Preparation

Make rest a regular part of the day that children can anticipate. Have a cot or pad available for each child, and figure out a routine for getting them out and putting them away.

Conducting the Activity

1. Have children get out the rugs, mats, or cots, following the established routine.
2. Help the children to relax by playing soft music, dimming the lights, tellng a quiet story.
3. Find a gentle way to end the rest period and put away the rugs, cots, or mats.

Tips

Don't expect all children to nap. Allow for quiet movement and quiet activity.

Don't expect children to rest right after a noisy activity. Help to quiet and relax them *before* rest time. Everyone needs some calming down time.

Story Reading

Reading stories to children can help them improve their:

- **ability to pay attention**
- **listening skills**
- **vocabulary development (naming pictures)**
- **language development (understanding spoken words)**
- **sequencing (retelling the story)**
- **socialization with classmates**
- **ability to connect written words with spoken words.**

Preparation

Plan ahead of time which book to read. Try to find one that ties in with something else the children have been doing or are going to do that day. For example, if someone is bringing a pet turtle to school, you may want to read Dr. Seuss's **Yertle the Turtle.** Big, bright, colorful pictures, pop-up illustrations, and touchable books help mentally retarded children stay interested and tuned in.

Prepare the children for a quiet activity by talking softly, playing restful music, suggesting they think about quiet things (such as a leaf or a snowflake falling to the ground), or perhaps giving them back rubs.

Conducting the Activity

1. Let the children get comfortable on mats, pillows, or rugs, in a place where each can see the book and pictures. Make sure, though, that they aren't so crowded together that they bother each other without meaning to.
2. Before you begin to read, tell the children a little about the story and what to watch and listen for.
3. Read the story using different voices for different characters. Vary the loudness and softness of your voice. Change the speed a little, but don't read so fast that children can't follow.
4. Show the pictures as you go along, giving children time to look, touch, and feel the illustrations.
5. Encourage the children to comment on the story and to retell parts of it.
6. Tie the story back to the classroom activities. "We have a turtle, too."
7. If some children find the stories too hard to understand, choose simpler ones to read to them, in a small group or individually.

Tips

People listen in all kinds of positions. It's okay if the child wants to lean on you, lie down, or listen from under the table.

If the child wanders away, don't make a big deal about it. You may want to draw the child back by asking him or her to point to something. Or you can have the child help you turn pages. Or you can wait until the next story.

Use short stories. Children especially like rhyming words and nonsense sounds in rhythm.

Sometimes children with retardation will tear a book out of excitement or because they don't know what books are for. Show them how to handle books, stay with them as they learn, and provide books with cloth or plastic pages to practice with.

Snack

Snack time can be an opportunity for children to improve their ability to:

- **eat independently**
- **socialize with classmates**
- **speak (ask for what they want, name foods)**
- **grasp and coordinate eye-hand movement**
- **understand concepts (number of crackers, size of cup).**

Preparation

Have the snack, plates, cups, napkins, and anything else you need clean and ready.

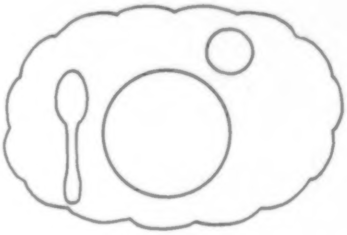
Conducting the Activity

1. Let the children take turns setting the table, passing the snack, and cleaning up. Show a retarded child how to do each task and give help when needed.
2. Establish a routine for getting to the table and being served.
3. Use snack time as a social time to share, talk, and take turns.
4. Use snack time as a self-feeding teaching time for retarded children who are just learning to eat independently.
5. Use a routine for clean-up.

Tips

Have snack at the same time every day, so that the children can anticipate it.

To help a retarded child learn to set the table, put down placemats that are marked with the table setting:



Set the rules about "seconds" ahead of time.

To avoid spills and crashes, show each child how to pour into cups and pick up plates.

Be prepared for some mistakes while the children learn. Have a sponge or paper towels handy to clean up spills.

Stencils

Stencil activities can help children improve their:

- **eye-hand coordination**
- **sense of direction (left/right, up/down)**
- **understanding of concepts (shapes, angles, curves).**

Preparation

If the children can't imitate lines, circles, and other shapes on their own, stencils can help them learn to recognize such shapes and the motions involved in making them.

Use plastic stencils or make stencils out of heavy cardboard. You may want a stencil for a vertical line, horizontal line, circle, square, and triangle. Have ready paper, a crayon or felt-tip pen, and tape.

Conducting the Activity

1. Tape the stencil to the paper at one edge, so it won't slip.
2. Show the child how to mark inside the stencil.
3. Guide the child's hand initially, until he or she can manage independently.
4. Be sure to pick up the stencil to show the child what he or she has made.

Tips

Check to make sure that the child is ready for this kind of activity: are the child's hands steady enough?

Hidden Object

An activity such as the old shell-and-pea game lets children work on:

- **concept formation (object permanence: things continue to exist even though you can't see them)**
- **receptive language (understanding directions)**
- **eye-hand coordination**
- **socialization with an adult.**

Preparation

Find a small object that the child is especially fond of. Have two or three cloth diapers, towels, or similar coverings ready.

Conducting the Activity

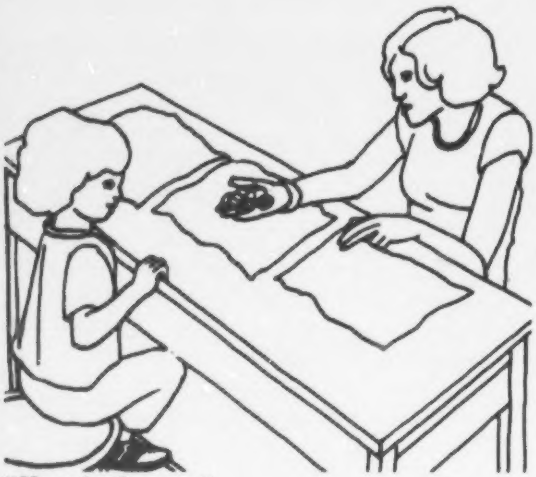
1. In a quiet corner, show the object to the child. Let the child handle it.
2. Lay the pieces of cloth in front of the child in a row.
3. Slip the object under each of the pieces of cloth briefly, then leave it under one of them.
4. Ask the child to find the object.
5. Repeat.

Tips

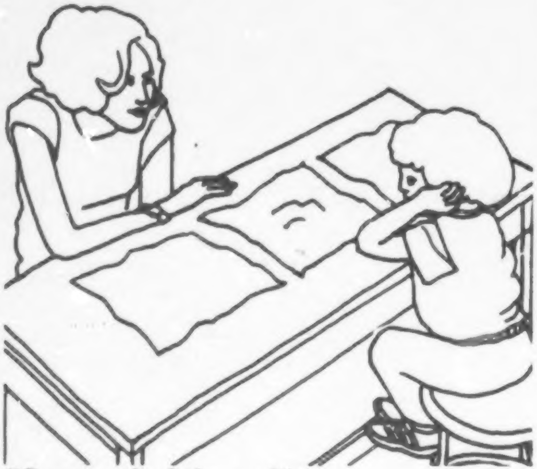
Be sure the child likes the toy well enough to search for it.

Use cloth that you can't see through.

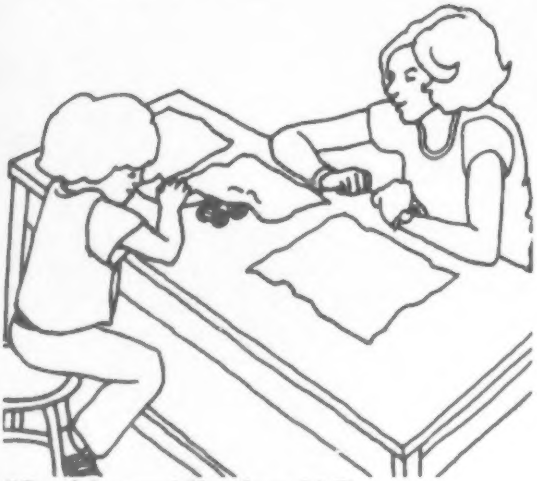
You might start with a fairly large toy and gradually shift to smaller ones.



"Here is the car."



"Can you find the car?"



"Good for you! You found it!"

Music

Music activities can help children improve their:

- **listening skills**
- **ability to pay attention**
- **sequence and sense of rhythm**
- **fine motor skills (manipulating musical instruments)**
- **speech development**
- **ability to socialize**
- **body movement.**

Preparation

Plan activities in music so that they relate to other classroom activities. If you are doing a unit on animals, community helpers, or body parts, find songs to play and sing that relate to these topics. Have all the equipment that you need (record player, rhythm instruments, records) ready and working. Plan ways for a child with retardation to be successful in the activity. For example, the child may clap along, beat a drum, or march to the music.

Conducting the Activity

1. Tell the children what the activity is. Show them how to do it.
2. Allow some time for the children to do what they would like to do with the music: march, clap, sing.
3. Relate the music to the other classroom activities.

Tips

Show a child with retardation how to use a rhythm instrument. Help the child make the instrument work.

Use different kinds of music to calm down or pep up the children, or as a gentle way to signal a change in activities.

Sorting

Sorting activities help children work on:

- **concept formation (classification)**
- **receptive language (understanding descriptions of objects: "Put the red cars here and the blue cars there.")**
- **eye-hand coordination**
- **socialization.**

Preparation

Have the materials to be sorted ready.

Conducting the Activity

1. Explain and demonstrate the activity.
2. Once the child understands, let him or her take several turns.
3. Give help as needed.
4. When the child finishes, check the work. Ask the child to tell you what he or she did. Praise efforts and successes.

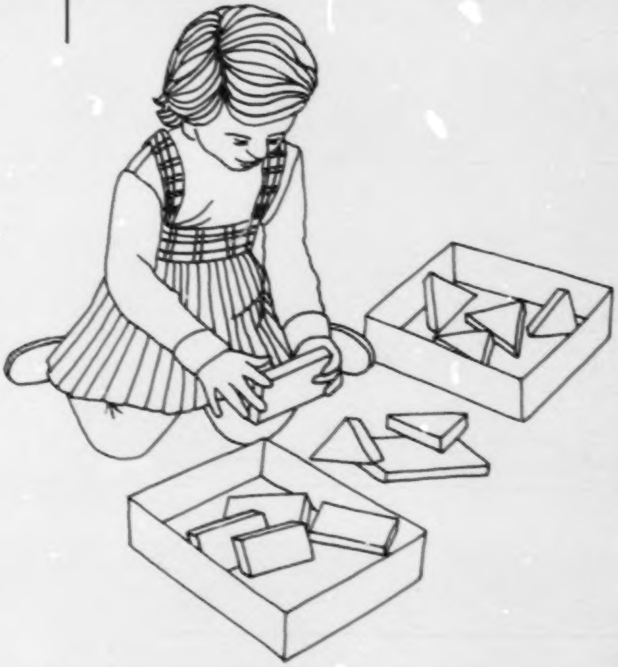
Tips

Start with objects that differ from each other in only one way. For example, you might have ten small trucks—five blue and five red. When you are sure that the child knows how to sort these, you can make the game harder.

Using pictures rather than objects is one way to make the activity harder. Another way is to increase the number of things and the ways in which they are different. For example, put all of the small, blue circles together and all of the large, green circles together.

Having the children sort by functional categories makes the activity still harder. For example, put all of the things we could ride in together; put all of things we could eat together.

Be sure the objects for sorting are interesting. Make sure the materials are safe; you may want to laminate many of them. And finally, choose objects that are easy to handle and that won't bounce or roll away from the child.



Small-Group Activities: Art, Cooking, Science

Small-group activities such as painting murals, baking cookies, or caring for classroom pets can help children improve their:

- **ability to cooperate**
- **ability to pay attention**
- **ability to follow directions**
- **language and speech development**
- **socialization with other children**
- **concept development**
- **eye-hand coordination.**

Preparation

Have materials and equipment ready. Be prepared to give extra help to retarded children or to modify the activity to help them be successful with it.

Conducting the Activity

1. Demonstrate the activity.
2. Assist any child who is having trouble.
3. Have a routine for cleaning up and putting away.

Tips

Retarded children tend to learn best when they are taught one at a time or in small groups. Plan as many activities as you can for small groups.

Be prepared to stop children before they do too much and ruin what is being made.

Make sure all materials are non-toxic. After all, paint and paste look good enough to eat.

Stand nearby to prevent grabbing, ripping, and so forth.

Summary

Below is a chart of the activities discussed in this chapter. It is designed to help you identify at a glance which activities are especially useful for the different skill areas that children with retardation need practice in. As you see, every activity provides practice in at least two skill areas, which means that the child will be helped in several ways at once. ("Rest" is not included on the chart—it's good for giving children energy for all the other activities!)

You can determine which skill areas to work on from your own observations of a particular child, and from your discussions with handicap specialists. Remember that these activities are only examples—you know and do many more than these. Now that you have seen how these activities work on different skill areas, think about the skills involved in other activities you do in school. Water play, blocks, dress-up corner, puppet play, and coloring all involve many skill areas.

Activity	Page	Skill Areas Gross Motor	Fine Motor	Language & Speech	Self-Help	Social	Intellectual
Playground	[illegible]	●	●	●		●	●
Obstacle Course	81	●		●		●	●
Simon Says	82	●		●		●	●
Puzzles	82		●				●
Field Trips	83	●	●	●		●	●
Naming Objects and Pictures	84			●		●	●
Dressing	85		●		●		●
Story Reading	86			●		●	●
Snack	87		●	●	●	●	●
Stencils	88		●				●
Hidden Object	88		●	●		●	●
Music	89	●	●	●		●	●
Sorting	90		●	●		●	●
Art, Cooking, Science	91		●	●		●	●

● *Skill areas the activity is especially good for.*

Chapter 5:

Parents and Teachers as Partners

5

Working with parents as partners will help you, the child, and the parents.

One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who is handicapped, for the following reasons:

- ***Parents know their children's strengths and limitations better than anyone else. They can help a teacher understand and plan for their child.***
- ***A joint family/teacher effort is essential for developing the best program for a child and for ensuring that the child will benefit as much as possible from the Head Start experience.***
- ***Head Start may be the first preschool experience the child and parents will participate in. Making it a successful experience will have positive effects on the child's school years to come.***

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. They need to reinforce what you are teaching in preschool if maximum progress is to be made. Changes in a child that come about through your efforts, the efforts of specialists who provide services, and the experience of mainstreaming affect parents. For all these reasons, it is important that the parents participate directly in what you are trying to accomplish with the child in the program.

Direct parent involvement in decisions affecting their child is essential. They should decide with you what and how you teach their child, and what efforts they will make at home. They should participate in decisions involving formal assessment and diagnosis of their child, and selection and arrangements for any special services that are needed. They should be a part of any decisions that are made as a result of assessments of their child's progress.

One of the major areas in which parents are needed as decision-makers is in the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that will take place in the classroom, the involvement of parents, the special services that will be provided by other agencies, and details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child.

The rest of this chapter discusses specific ways in which parents can help in the education of their child, and provides guidelines for teachers in working with the parents of handicapped children.

A teddy-bear from home helps her feel secure at school.

5

What Parents Can Do

Helping Your Child

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You might begin by taking the following steps:

1. Get to know your child's teacher. Give him or her a realistic idea of how much you can do. Take into consideration the amount of extra time you can afford to spend working with your child, as well as how much time you would like to spend. Even if you have a fair amount of free time available, you may find it difficult to work closely with your child for long periods of time.
2. Recognize that you have a tremendous influence on the growth and development of your child. What you do *does* make an enormous difference. Try to participate in your child's learning as much as possible.
3. Seek guidance from your child's teacher if you are not certain how to use everyday events at home as learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her build necessary skills.
4. Build on Head Start's firm commitment to a partnership with parents. You aren't alone in your efforts to help your child. You now have partners who can help promote the well-being and development of your child: the teacher, other staff members in the program, and agencies and public school resources in the community.

The next section discusses how to prepare your child for the Head Start program, some things you may find helpful to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

Preparing Your Child

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and your child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that your child has a good time during this visit.

Because some retarded children function like much younger children, they may be frightened at first about leaving home. You and the teacher may want to discuss whether it would be helpful to your child if you remain in the classroom during the first few days. At some point your child will have to feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps at home you can hang some pictures of the classroom or the teacher. Or your youngster could be sent to class with a favorite toy or familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as death, illness, or disruption in the family routine).

Understanding Skill Areas

You may feel that you need help from the teacher in understanding the skill areas—such as language skills, motor skills, social skills, self-help skills—that your child has serious weaknesses in. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to help build on the child's strengths and work on the child's problems.

Try to talk frequently with the teacher in terms of specific skills. Exchange suggestions. If your child is living with both parents, both of you should try to get involved in conferences and conversations. Each parent may have a different perspective.

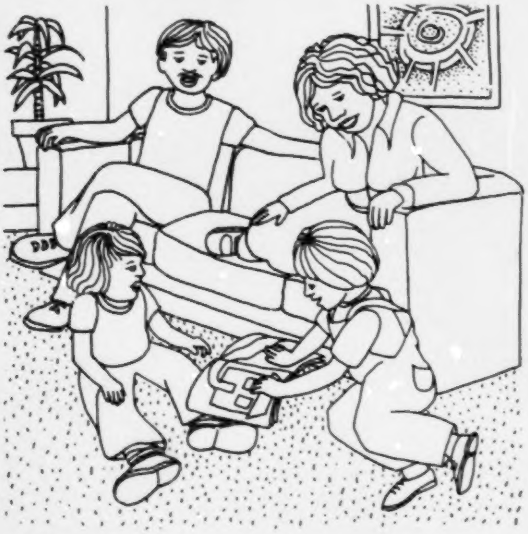
Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to work with a child other than your own. But in either case it will give you practice and an opportunity to exchange ideas with the teacher.

Describe to the teacher an average day at home, in order to learn how you can use these everyday events to work on the skills your child is having problems with.

Additional Effort

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help feed the dog, then it's good for a retarded child. Any activity the child can be involved in can go a long way toward helping him or her build self-confidence and competence.

You will probably have to make some additional effort to help your child become actively involved in daily events. Work out with the teacher what you can realistically do, but recognize that extra effort is necessary.



Talking about the pictures helps a retarded child to learn.

Home Activities

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can easily be built into the daily routine. If the suggestions are very hard to carry out, they may not get done.

On the other hand, if you are willing to take a more active teaching role at home, ask for extra suggestions for things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. Those activities can all be learning opportunities.

If you would like some specific activities to do at home with your child, look over the activities in Chapter 4. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and helpful, and to use the daily routine as a way to teach the child. All of the things that you do at home can be used to help the child with special needs learn more about the world.

1. Using the Daily Routine

For example, you can describe what you're doing when you turn on the lights, set the table, or make the bed. You can point out and name colors in the house and outside. You can name your child's pieces of clothing. You can give the child simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help your child improve.

Be consistent in what you ask your child to do. If it is reasonable to expect a child to hang pajamas on a hook in the morning, then you should expect the child to do this every morning.

Expensive toys or materials aren't needed to help children learn. The kinds of things that are in all homes—pots and pans, socks, spoons, and magazine pictures—are all good teaching aids. Pots and pans can be used as rhythm instruments, can be stacked or nested, or can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named, or used to tell stories.

Most handicapped children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you're doing as you do it, and to listen to and encourage your child to talk. It is very important to talk and listen to a retarded child.

Confusion and failure can result if you shower the child with too many activities. As you work with your child, you will recognize when the child has had enough. You can help the teachers recognize this limit, too.

2. Fostering Independence

Help your child become as independent as possible. It's tempting for all of us to do things for children that they could do on their own, since we do them faster and better. But it is very important for handicapped children to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

If your child has clumsy or uncoordinated body movements, you may worry that he or she could get hurt by all that tripping and falling. You may even feel that you should put the child in a playpen or crib to protect him or her from bumps and bruises. Doing so, however, is a disservice to your child, who learns best about the world by exploring it firsthand. You might ask the teacher to suggest how to "child-proof" your home so that exploration is less dangerous for a child who isn't too steady on his or her feet.

3. Praise and Encouragement

We all benefit from honest praise—children as well as adults. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Every achievement—from learning to sit still to managing to eat independently—represents real progress and deserves real praise.

Also, praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs who have many obstacles to overcome. Repeated, steady praise will help a child to keep on trying.

It is important, however, that your praise be honest, and that your child has done something to earn it. Children with retardation, just like other children, are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Ask the teacher to share assesment results with you . Everyone involved should understand how the child is functioning and share pleasure in the child's progress.

What Teachers Can Do

Guidelines for a Partnership with Parents

Parents of children with special needs are as concerned about their children as any other parents, if not more so. One difference for parents of a retarded child is that their child may not be as predictable as other children. This lack of predictability makes the child more difficult to plan for, to teach, and to live with. You may want to keep in mind the suggestions below as you work with parents.

1. Establish and Maintain Contact

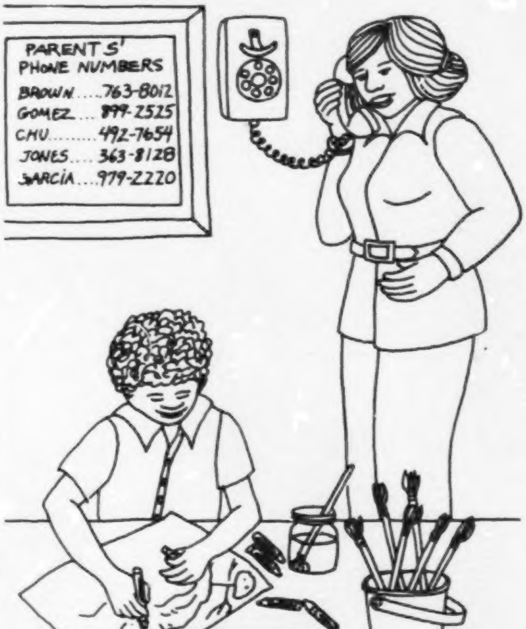
Describe the Head Start program in detail, and invite the parents to observe and participate in the classroom. Work out the child's educational goals in conference with them. Review the child's short- and long-term objectives with them at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child is handicapped. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents see the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself, as often as you have time, "What did the child do today or this week that shows some progress or enjoyment? How can I find time to tell the parent, along with everything else I have to do?"

Some teachers and parents send a notebook back and forth each day or so. Teachers write a short note and send it home. Parents write one back for the child to take to preschool the next day.

2. Know the Family's Limits

Everyone has a personal limit on how much he or she can do for a child at home or in the classroom. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included into their daily routine. For example, ask parents to talk to their child as they help him or her dress, to name the foods the child is eating, and to give the child simple things to do (like putting a spoon by each plate). Encourage parents to visit and participate in your classroom as much as they can.



3. Focus on the Child's Education

Families of handicapped children may have all kinds of feelings about having a handicapped child. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and they may expect much less from the child than he or she is really capable of. They may need the help of a psychologist, a social worker, or a counselor in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. Suggest to these parents that they talk to people who can help them work through their feelings, if you feel they need it. Your main role is to be the teacher of the child. You should concentrate on the child's education and development.

4. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a handicapped child and his or her family. Negative feelings, such as blame, anger, sorrow, nervousness, and fear, are understandable. Getting to know the child and the family helps to reduce some of these negative feelings.

Think positively about children with special needs. Focus on what they can do, not on what they can't do. Help the parents see their child as someone who can grow, learn, and improve, no matter how severely handicapped. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

5. Be Reassuring, but Be Honest

Parents may be worried and upset when their child is about to be evaluated for the first time, or re-evaluated. At such a time, it might be tempting for you to tell them not to worry, and to tell them that everything will be fine. It is natural for you to want to soothe their anxiety. However, you shouldn't tell them these things because in fact you don't know if things really *will* be fine. A false sense of confidence can be hurtful. Be reassuring, be calm, be understanding—but be truthful.

Parents may ask you questions about the child's problems that you can't answer: "What's wrong with my child?" "Will my child learn to talk or move or act like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help parents find someone with whom they can discuss their concerns. Your social services personnel should be able to help you find people who can answer some questions. The answers to other questions, such as "What will my child be able to do when he grows up?" are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them see the many things that they already do that help their children, and tell them about all the things they are doing well.

Concerns of Parents

Parents of Children with Special Needs

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of children with handicaps often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on—let them see for themselves how their child plays with and works with the other children and with you. Seeing is believing.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that other children may be cruel and tease their child. You can reassure them that preschool-aged children are usually too young to notice handicapped children as different unless the handicap is very obvious. They usually can't pick out a retarded child to tease. You can also tell them that you do not allow teasing or bullying of any child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason for a child to avoid the classroom, any more than it is a reason for a child to avoid the rest of the world. You can tell parents that managing these situations, when and if they arise, is a normal part of your job.

"Seeing is believing" fits here, too, so invite the parents to visit the classroom so that they can get a feeling for the atmosphere themselves.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If problems do arise, you may want to ask the parents how they handle these situations at home. What do the parents do to help their child play with brothers and sisters or with neighborhood children?

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful for a child with special needs.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

The Future

Parents may worry that their child will not make progress in your program. You can assure them that there are many things that you can teach their child, and that their child will also learn a lot from the other children in the class. But be careful not to offer the parents false hopes. Make it clear that you can't make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how the child is progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for developing a real partnership with the parents. While parents of handicapped youngsters have some concerns that are different from the concerns of other parents, you can use the same skills and ways of working with them that you have already developed in your conversations and personal contacts with other parents.

Parents of Non-Handicapped Children

Many Head Start programs have children with handicaps in their classes. Generally, parents of non-handicapped children in a mainstream classroom have no strong concerns about the presence of a child with special needs in the class. If the parents of a non-handicapped child are concerned, invite them to come to your classroom to see for themselves. This will show them that a handicapped child is first and foremost a child and an individual, like their own child. Visiting your mainstream classroom will help dispel incorrect ideas parents may have about a handicapped child whom they have never met.

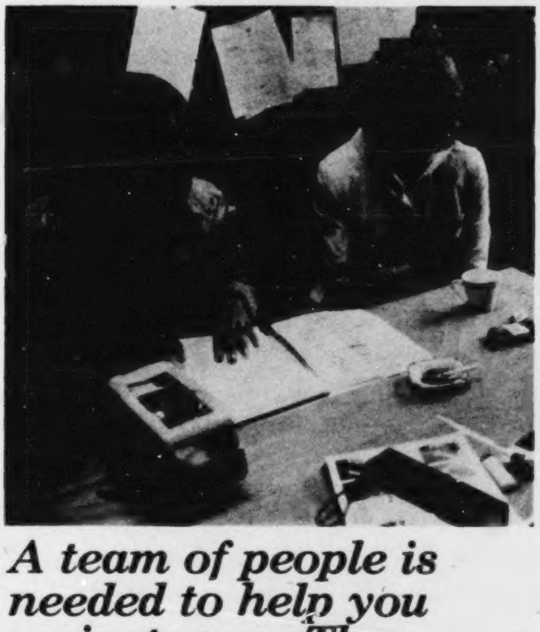
If some parents express a concern that their child will pick up undesirable behavior from handicapped children, you can explain to them that it is normal for children to copy the behavior of other children—this is one of the ways they learn. However, undesirable behavior tends to be outgrown quickly, once it has been tested and met with disapproval.

If parents would like to talk to their child about handicaps, you might suggest that they do this in a factual, non-emotional way. If the parents are concerned that you won't have enough time for their non-handicapped child, you can describe to them the staffing arrangements your program has made to enable all children to have enough teacher time. If they are worried that their child might be hurt by a child with retardation, you can point out that there is no more danger of injury from a retarded child than from any other child.

In general, be calm, reassuring, and objective, and describe the very real benefits to their child of mainstreaming a child with retardation in the classroom.

Chapter 6:

Where to Find Help in Your Area



A team of people is needed to help you mainstream. There are many kinds of professionals who can provide help.

6

Head Start is a comprehensive child development program for all eligible children—handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies who serve these children. This cooperation is essential.

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can work with these specialists in your Head Start program and with other specialists in your community. You and the specialists can achieve more working as a team than as individuals. This chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what's available, and the kinds of specialists you may meet as you work with handicapped children.

Finding Out About Resources

To find out about resources, start by asking questions. Ask other teachers, your center director, other program staff, and then ask people they suggest. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a **handicap coordinator,** a **mental health professional,** or a **health coordinator** who is familiar with retardation and with retarded children, and who can suggest materials, methods, and additional resources?
- Is there an **educational coordinator,** a **director of educational services,** or another **classroom teacher** who can help you to make any changes in your program as needed by a retarded child?
- Does the program have a **social worker,** a **social services director,** or a **parent-involvement staff member** who can help arrange contacts with the child's family and with resources outside the program?
- Does your program have **consultants,** whether from the Head Start regional office, public schools, nearby colleges or universities, community health or social service agencies, a state department of education, the State Developmental Disabilities Council, or local chapters of national associations serving mentally retarded children? (For more information on national associations, see the section in Chapter 7 on professional and parent associations.)

Head Start Program Resources

Certain components—social services, health services, educational services, handicap services, and parent involvement—are found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out *who* does *what, when* and *where,* and *how you can get things going.*

Social Services

Social services staff (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinate contacts among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a retarded child in your class. When needed, the teacher and the social services person work together to arrange referrals for children and families who need diagnosis and treatment or family counseling. Social services oversee the follow-up, too, making sure appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

Health Services

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The specialists who carry out these services may work on a full-time, part-time or consultant basis. The person responsible for coordinating all these health services can draw upon a number of services outside of the program for diagnosis and treatment. This means they can help you get health information or the services of specialists for a child. For example, an ophthalmologist or optometrist (eye specialists) may be called upon to examine a child with vision problems, or an audiologist (hearing specialist) may be recruited to assess a child's hearing. A mental health professional such as a psychologist can diagnose mental retardation. Other specialists such as a neurologist (nervous system specialist), an occupational therapist (activities specialist), a physical therapist (movement specialist), or an otologist (ear specialist) may be consulted when necessary.

You will want to know who in your program is responsible for contacting and coordinating health service agencies, and what your relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or will have access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plan for services for their child, and that they give their consent.

Educational Services

This component comprises all aspects of the educational program. All Head Start programs should use the resources of local institutions of higher learning (junior colleges, colleges, universities, and university-affiliated facilities) that are available to them.

In many programs, the people who are responsible for educational services can provide guidance and advice to teachers in the classroom. This advice would include helping you to observe a child systematically, to assess a child's skills, and to develop and carry out an individualized education plan for a retarded child. Your center's educational director should be able to help you tailor classroom activities to meet each child's needs.

Parent Involvement

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. Head Start believes that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experiences, each program works toward increasing parents' understanding of their child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about what kinds of activities are most helpful and important for their child.

In some Head Start programs, the parent involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

You probably realize that the parent involvement component is especially important for families of handicapped children. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

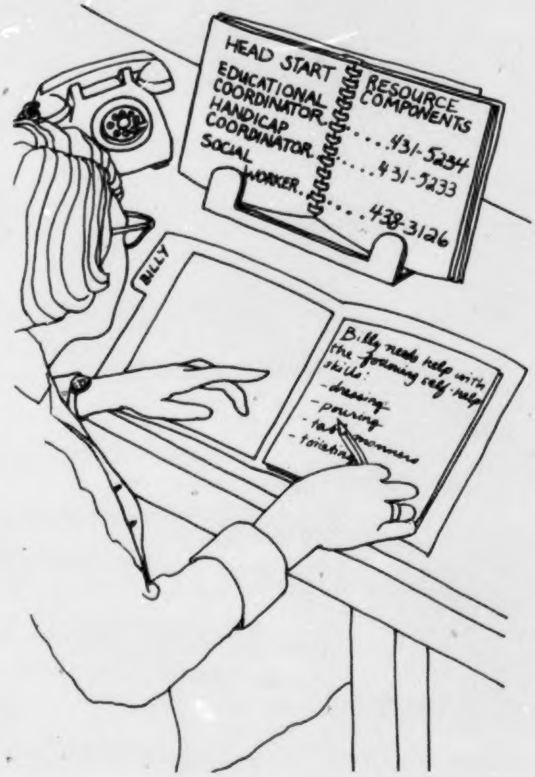
Handicap Services

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials, and should be able to teach you how to use them in your classroom if you need help.

Many Head Start programs have a close working relationship with the local school system. The local school system may pay for specialists to work with handicapped children. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five as well. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that they can receive the special services they need. Called Child Find, Child Search, or Child Identification in different states, the method also varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education section of your state's department of education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, this means that there are many services that the school district will be able to provide for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator or someone else in your program should be in close contact with the public schools in your community, and should know all of the resources available and how to link up with them.


HEAD START RESOURCE COMPONENTS
EDUCATIONAL COORDINATOR....431-5234
HANDICAP COORDINATOR....431-5233
SOCIAL WORKER....438-3126
BILLY
Billy needs help with the following self-help skills:
-dressing
-pouring
-table manners
-toileting

Who Knows About Resources and Services?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, however, there are other people who know what agencies or people provide the services you need for a child with special needs.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with all sorts of development problems in children. Sometimes the hospitals have specialty clinics for children with particular health and developmental problems, such as mental retardation. The services the hospital can offer will vary, depending on the staff and funds they have. But the hospital will often be able to suggest other resources for you to contact.

Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 119.

The Resource Access Project (RAP) in your region should be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify all possible sources of training and technical assistance and enlist their support in helping Head Start programs find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, pages 123-124.

Often, parents of school-age retarded children are very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of retarded children. You could also write to the National Association for Retarded Citizens (address given on page 121), because local parent groups are often affiliated with this organization.

How to Make the Most of Available Resources

You can make the most of available resources by taking the following steps:

1. Be Precise

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists, so that you end up with a clear idea of what you need to know.

2. Develop Objectives

With your team of specialists, develop objectives about what each of you wants to achieve in working with a particular handicapped child. That is, know what you're aiming for so you can plan activities to meet that aim, and so you will know when you have reached it.

3. Agree on Responsibilities

Work out together with the specialists what you expect from them and what they expect from you. People sometimes start out with different expectations—such as who is responsible for working with the child (the specialist or the teacher), or who is responsible for checking on whether the plan has worked. Responsibilities need to be spelled out so that an agreement can be reached.

4. Make Sure You Understand

Advice and explanations that don't tell you specifically what you can do for a child in your classroom leave you as stranded as you were before. If you don't understand, ask. Some specialists are used to saying things in complicated ways, and they need to be reminded to say them in plain English. Advice won't do any good if you can't use it. And if you don't understand it, you can't use it.

5. Keep In Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. The specialists need to know what the child is doing in your classroom and how the child is progressing. And everyone—the parents, the specialists, and you—needs to know what everyone else is doing, so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child—or even worse, no one could be providing them.

Feedback won't happen by itself. Plan a schedule of contacts—such as meetings and phone calls—and hold yourself and the specialists responsible for sticking to it.

6. Consider Parents Specialists

Work with parents in the same way that you work with specialists. Parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon objectives, knowing what each of you is doing, knowing how the child is progressing, and regular contact.

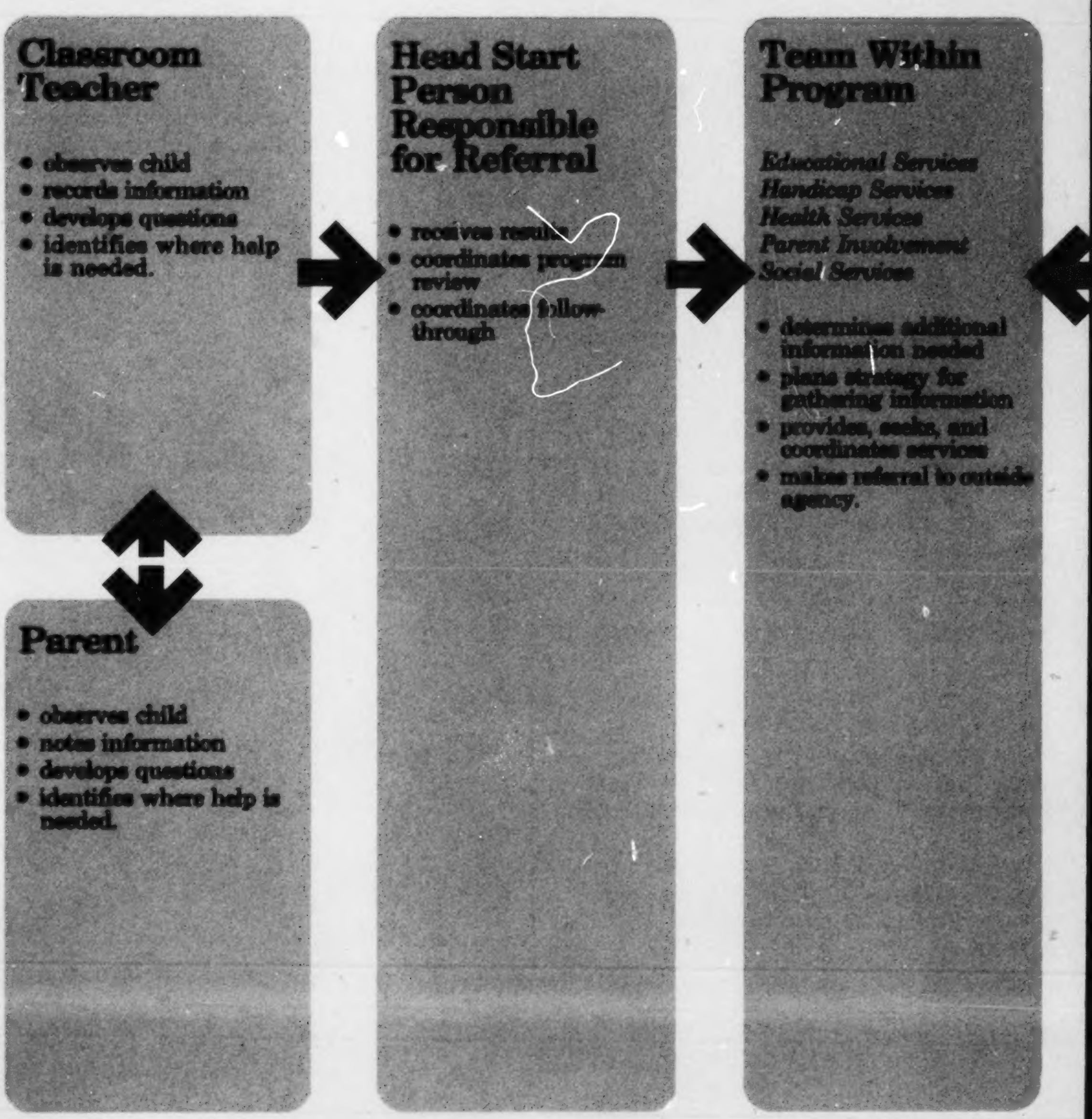
7. Expect a Lot

You will be working with a child who has problems that may be unfamiliar to you, and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify what the child can currently do and what he or she is developmentally prepared to learn. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except *how helpful they really are to you, the child, and the child's family.*

Using Local Resources for Mainstreaming Handicapped Children



Classroom Teacher

- observes child
- records information
- develops questions
- identifies where help is needed.

Parent

- observes child
- notes information
- develops questions
- identifies where help is needed.

Head Start Person Responsible for Referral

- receives results
- coordinates program review
- coordinates follow-through

Team Within Program

Educational Services
Handicap Services
Health Services
Parent Involvement
Social Services

- determines additional information needed
- plans strategy for gathering information
- provides, seeks, and coordinates services
- makes referral to outside agency.

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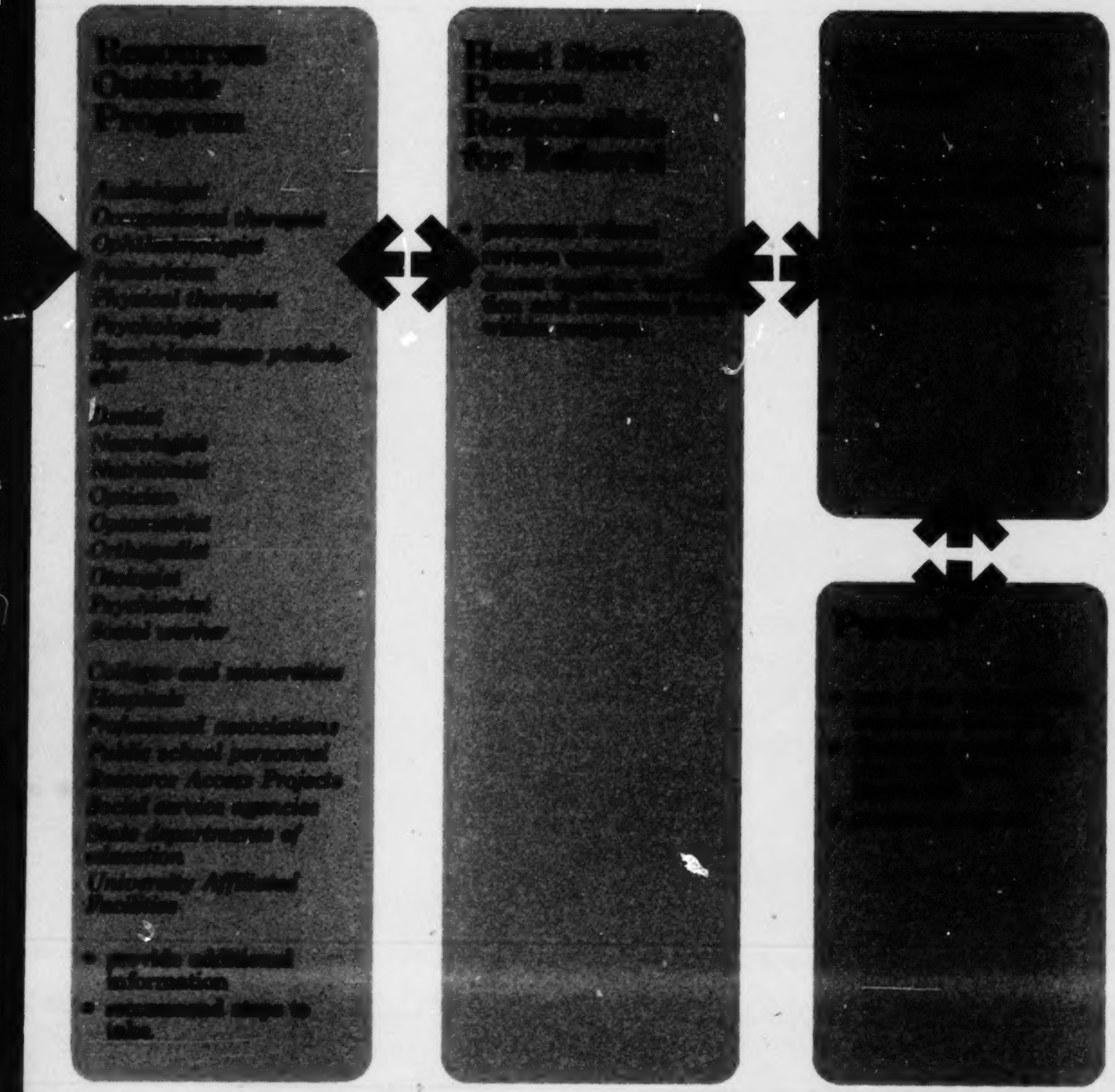


Resources Outside Program

Audiologist
Occupational therapist
Ophthalmologist
Pediatrician
Physical therapist
Psychologist
Speech-language pathologist

Dentist
Neurologist
Nutritionist
Optician
Optometrist
Orthopedist
Urologist
Psychiatrist
Social worker

Colleges and universities
Hospitals
Professional associations
Public school personnel
Resource Access Projects
Social service agencies
State departments of education
University Affiliated Facilities

- provide additional information
- recommend steps to take.

Head Start Person Responsible for Referral

- [illegible]

[illegible]

Parents

[illegible]

Who Are the Specialists?

What Do They Do?

This section describes the specialists mentally retarded children are most likely to need help from, and the kinds of help they can provide. Other specialists who work with handicapped children are described in the section beginning on page 116.

Psychologist

A psychologist conducts screening, diagnosis, and treatment of people with social, emotional, psychological, behavioral, or developmental problems. There are many different kinds of psychologists.

What Is Done

Psychologists may ask children questions, observe them at play, ask the parents questions, and observe the children interacting with the parents. They may choose to administer standardized tests to assess children's intellectual abilities and adaptive behavior (ability to use language, to play with others, and to do things independently). Psychologists sometimes use play activities to understand and treat children. At times they may want to talk with the whole family to help with problems they might have concerning a particular child. Psychologists can also help to decide what kinds of educational programs and activities would be best to improve children's intellectual abilities and adaptive behavior.

Speech-Language Pathologist

A speech-language pathologist conducts screening, diagnosis, and treatment of children and adults with communication disorders. This person may also be called a speech clinician or speech therapist.

What Is Done

The speech-language pathologist talks with the child's parents and teachers to obtain a full case history of the child and an idea about the child's speech and language at home and in school. The pathologist then spends time talking to the child. Usually this is done in the context of a play situation. After this type of informal observation, the speech-language pathologist gives the child a battery of tests to assess the child's ability to understand and produce speech. As part of a screening or evaluation, the child may be asked to draw pictures, say words, manipulate and name objects, describe pictures, repeat sentences, answer questions, or tell a story.

Depending upon what is found out from tests, observation, and parent and teacher interviews, the speech-language pathologist may design and carry out a therapy program for the child. When the speech-language pathologist feels that there may be other problems contributing to the speech or language disorder, he or she may recommend that the child see an audiologist, psychologist, otolaryngologist, or other professional for further examination and recommendations.

The speech-language pathologist can provide a teacher with specific instructional suggestions for a particular child. The pathologist can also give the teacher ideas for developmentally appropriate objectives for the child. Finally, the speech-language pathologist may work with the parents of a child with a speech or language impairment.

Pediatrician

A pediatrician is a medical doctor who specializes in childhood diseases and problems, and in the health care of children.

What Is Done

A pediatrician can examine general health conditions to determine whether a child should spend a full day in your classroom, and what activities are within the child's capabilities. Nutritional problems may be identified. If there are specific health problems, such as epilepsy, the pediatrician may prescribe medication, or may suggest another specialist.

Physical Therapist

A physical therapist evaluates and plans physical therapy programs. He or she directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. He or she also helps people with special equipment used for moving, such as wheelchairs, braces, and crutches.

What Is Done

A physical therapist evaluates each child with whom he or she works before, during, and after each treatment program. The physical therapist may give muscle tests to see how strong each muscle is, and how much the child can move it. Such tests help a therapist to choose the right kind of treatment. The therapist may help a child practice walking, crawling, hopping, skipping, and going up and down stairs. A physical therapist also teaches children how to maintain their balance when standing, walking, and sitting.

As part of a program of physical therapy for a particular child, the therapist can tell you if there are any exercises or activities that you can do to help the child, and can show you how to do them.

Occupational Therapist

An occupational therapist evaluates and treats children who may have difficulty performing self-help, play, or school-related activities. The aim is to promote self-sufficiency and independence in these areas.

What Is Done

After evaluating children to see how they use their muscles to eat, dress, and carry out preschool activities (such as drawing, cutting, and pasting), the therapist chooses exercises and activities designed to improve the child's motor skills in three areas. The self-help area includes feeding, dressing, toileting, and washing. The play area includes moving the body (sitting, walking, handling objects) and psychosocial aspects (getting along with others, tolerance for frustration). The preschool area includes perceptual-motor skills (paper and pencil activities, hand-eye and body-eye coordination) and the ability to move the body smoothly. This therapist will tell you what you can do to help the child, as part of the therapy program.

Ophthalmologist

An ophthalmologist is a medical doctor who diagnoses and treats diseases, injuries, or birth defects that affect vision. He or she may also conduct or supervise vision screening.

What Is Done

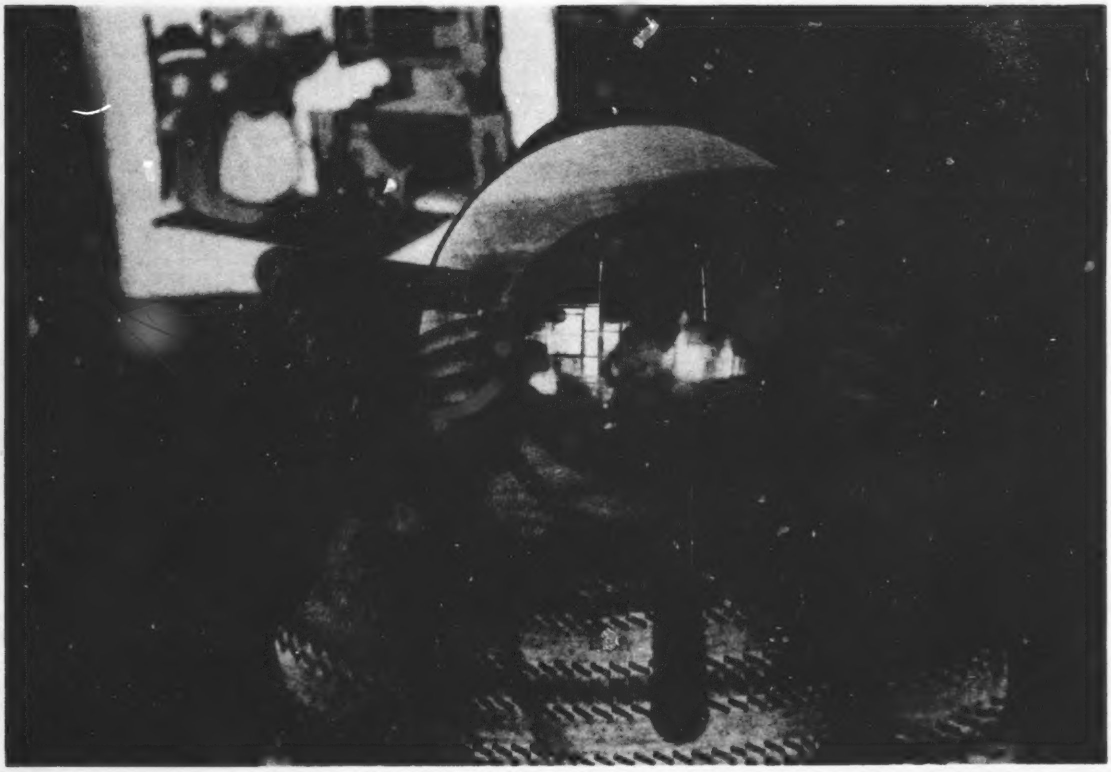
The ophthalmologist examines the child's eyes using lights, simple pictures and toys, and a variety of instruments to discover how well the child sees. Ophthalmologists use different procedures in treating children, depending on what they find the eye condition to be. Ophthalmologists may, for example, prescribe glasses and/or medication, or perform surgery. If asked, they may suggest special modifications in teaching (such as in materials and seating arrangements).

Audiologist

An audiologist conducts screening and diagnosis of hearing problems, and may recommend a hearing aid or suggest training approaches for people with hearing

What Is Done

The audiologist performs the above services and can also be called upon to answer questions in the following areas: the nature of a child's hearing loss, what the child can and cannot hear, the usefulness of a hearing aid, the care of a hearing aid, and the availability of special programs for children with hearing impairments.



Other Specialists

Below is a list of other specialists who may work with handicapped and non-handicapped preschoolers.

A **Dentist** conducts screening, diagnosis, and treatment of the teeth and gums.

A **Neurologist** is a medical doctor who conducts screening, diagnosis, and treatment of brain and nervous system disorders.

A **Nutritionist** evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

An **Optician** assembles corrective lenses and frames. He or she will advise in the selection of frames and fit the lenses prescribed by the optometrist or ophthalmologist to the frames. An optician also fits contact lenses.

An **Optometrist** examines the eyes and related structures to determine the presence of visual problems, eye diseases, or other problems.

An **Orthopedist** is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

An **Otologist** is a medical doctor who conducts screening, diagnosis, and treatment of ear disorders.

A ***Psychiatrist*** is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental or organic problems. Psychiatrists can prescribe medication. They generally do not administer tests. There are different kinds of psychiatrists.

A **Social Worker** provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or social agencies.

Chapter 7:

Other Sources of Help

There are many associations and books that can provide more detailed information on mainstreaming children with mental retardation.

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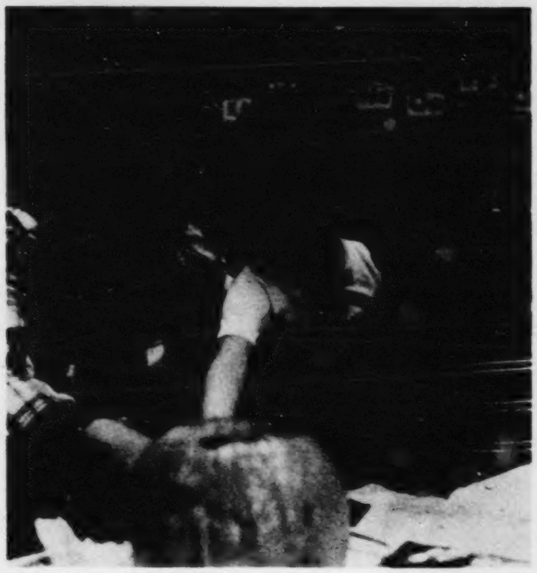
In addition to specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who are mentally retarded. Around the country are a number of organizations concerned with mental retardation. They can send you helpful information about retardation and about how you can work with the children in the classroom. There are also many good books and articles that you may find useful. These are listed in the bibliography at the end of this chapter.



Professional and Parent Associations and Other Organizations

For the associations and organizations in this section, we have listed their national addresses, whether they have local branches, what they do, and how they can help you.

American Association for the Education of the Severely/Profoundly Handicapped

This is a new organization in the field of retardation. Its membership is committed to developing and sharing new knowledge about effective ways for working with severely and profoundly handicapped people.

This organization has only a national office. For more information write to:

American Association for the Education of the Severely/Profoundly Handicapped
1600 W. Armory Way
Seattle, Washington 98119

American Association on Mental Deficiency

This association is the oldest professional society devoted to research, training, and program development for persons with mental retardation. Its nearly 12,000 members are professionals representing a variety of interests and disciplines dealing with many types of developmental disabilities. The objectives of the AAMD are to effect the highest standards of programming for mentally retarded persons, to promote cooperation among those working with them, and to educate the public to understand, accept, and respect people with mental retardation.

These aims are achieved in the following ways: The association serves on panels to develop and evaluate standards for services and facilities for retarded citizens. It plans national educational and informational seminars, and attends meetings at local, regional, national, and international levels. It supports legislation concerning the rights and services available to retarded citizens, as well as the prevention of mental retardation and related developmental disabilities. And it furthers the professional identity of all individuals and disciplines in the field of mental retardation.

The association publishes many low-cost materials of interest to professionals. AAMD has regional, state, and college/university branches. For more information write to:

American Association
on Mental Deficiency
5101 Wisconsin Avenue, N.W.
Washington, D.C. 20014

American Association of University Affiliated Programs

This organization is most interested in providing diagnostic services to individuals with developmental disabilities (which include mental retardation) and in providing training for people who work with handicapped persons. University Affiliated Facilities provide services in areas such as early and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition, and nursing. Nearly 50 UAFs have been established throughout the country. The association has an official working relationship with Head Start. By writing to the address below you can find out if there is a program near you that can provide diagnostic, treatment, training, and consultation services. For more information write to:

American Association of University
Affiliated Programs
2033 M Street, Suite 406
Washington, D.C. 20036

Closer Look

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list.

This organization has regional branches. For more information write to:

Closer Look
Box 1492
Washington, D.C. 20013

Council for Exceptional Children: Division on Mental Retardation

This division is concerned with teaching children who are mentally retarded, and with training special education teachers to be more effective. CEC and this division publish low-cost informational materials of interest to professionals and parents.

CEC has local chapters. For more information write to:

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Council for Exceptional Children Information Center

This information center provides abstracts of current research and bibliographies of information currently available in publications and nonprint media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children
Information Center
1920 Association Drive
Reston, Virginia 22091

Epilepsy Foundation of America

The Epilepsy Foundation of America is a national voluntary health organization. It acts as a national spokesman and advocate for people with epilepsy, and supports medical, social, and informational programs. Because many people with epilepsy are also retarded, the Foundation offers many low-cost and free publications that teachers and parents of mentally retarded children have found helpful. A monthly newspaper, **National Spokesman,** is available by subscription.

The Epilepsy Foundation has local chapters. For more information write to:

Epilepsy Foundation of America
1828 L Street, N.W.
Washington, D.C. 20036

Instructional Materials Centers

These centers have media and materials suitable for use with retarded children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a Center, contact the Resource Access Project in your region, directors of special education in your state department of education, or colleges and universities' special education departments.

National Association for Retarded Citizens

This association, founded and operated by parents of children with retardation, has been responsible for lobbying for the rights of retarded citizens and their families. The association's purpose is to encourage study, research, and therapy in the field of mental retardation; to develop a better understanding of the problems of mental retardation by the public; to improve the training and education of personnel for work in the field; and in general to promote the welfare of the mentally retarded of all ages. They publish many free or low-cost materials of interest to parents and professionals.

NARC has many local chapters. For more information write to:

National Association for
Retarded Citizens
2709 Avenue E. East
P.O. Box 6109
Arlington, Texas 76011

National Center for Law and the Handicapped, Inc.

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting children who are retarded.

For more information write to:

National Center for Law and
the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

National Easter Seal Society for Crippled Children and Adults

The National Easter Seal Society for Crippled Children and Adults provides information about handicaps. It assists disabled persons and their families in finding and making effective use of resources that will be helpful to them in developing their abilities and in living purposeful lives. It assists communities in developing necessary and appropriate resources for disabled persons. It attempts to establish and maintain programs and services that are appropriate and realistic. And it tries to create a climate of acceptance of disabled persons, which will enable them to contribute, to the full extent of their competence, to the well-being of the community.

The Society conducts a three-point program in service, education, and research at the national, state, and local levels. In some areas the staff operates programs for handicapped infants and young children. In some areas they can help parents find financial support for their handicapped child's special needs, e.g., wheelchairs, braces.

The society puts out several free publications, and a monthly journal called **Rehabilitative Literature.** Easter Seal as local chapters. For more information write to:

National Easter Seal Society for
Crippled Children and Adults
2023 W. Ogden Ave.
Chicago, Illinios 60612

The National Foundation/ March of Dimes

The National Foundation/March of Dimes has as its goal the prevention of birth defects. Its principal programs and activities include funding basic and clinical research, funding medical service programs, offering professional education, and providing health information. The foundation publishes pamphlets, booklets, and audio-visual materials for the general public on the prevention and treatment of birth defects.

March of Dimes has local chapters. For more information write to:

The National Foundation/
March of Dimes
1275 Mamaroneck Avenue
White Plains, New York 10605

President's Committee on Mental Retardation

This is a committee of 21 citizens appointed by the President, and three cabinet members ex-officio. The citizen members include professional and lay persons and parents of retarded children. The Secretary of Health, Education and Welfare is chairperson. The committee's objectives are to advise and assist the President on all matters pertaining to mental retardation; evaluate national, state, and local efforts; help coordinate federal activities; facilitate communication between federal, state, and local agencies; inform the public about mental retardation; and mobilize support for related activities.

The committee's principal programs and activities include conducting conferences on such key issues as screening of young children, early intervention, and legal rights of the retarded.

The committee publishes free and low-cost materials on mental retardation for the general public, parents, teachers, and other professionals. For more information write to:

President's Committee on
Mental Retardation
Department of Health, Education
and Welfare
Washington, D.C. 20201

Resource Access Projects

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance, and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials and equipment.

DHEW Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
2	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village, Apt. 1M New York, New York 10012
3	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
4	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
5	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P.O. Box 564 Portage, Wisconsin 53901
6	Texas Louisiana Oklahoma Arkansas New Mexico	Contract not awarded at time of printing.

DHEW Region	States Served	Resource Access Project (RAP)
7	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Blvd. Kansas City, Kansas 66103
8	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
9	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
10	Washington Oregon Idaho	University of Washington Model Preschool Center for Handicapped Children Experimental Education Unit WJ-10 Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

Bibliography

Many books have been published on children with retardation. It is not possible to list all of them here. The ones mentioned are especially good for understanding what mental retardation is and for helping you work with retarded children in your classroom.

Books About Mental Retardation

Barnard, Kathryn E., and Erickson, Marcene L. **Teaching Children with Developmental Problems - A Family Care Approach**. St. Louis: The C.V. Mosby Co., 1976.

This book is difficult reading in some sections, but presents information on normal and abnormal development, causes of retardation, and guidelines for assisting parents of retarded children. It includes an excellent developmental schedule with suggested activities for promoting development. This schedule might be especially helpful to teachers.

Ehlers, Walter H.; Krishef, Curtis H.; Prothero, Jon C. **An Introduction to Mental Retardation - A Programmed Text**. Columbus, Ohio: Charles E. Merrill Publishing Co., 1973.

This text takes the reader through 15 "lessons" on mental retardation, including topics such as special problems faced by families, community services, and causes of retardation. Because the text is programmed, readers have a chance to check their learning as they go.

Grossman, Herb J., ed. **Manual on Terminology and Classification in Mental Retardation.** 2nd rev. ed. (1973). Available from: American Association on Mental Deficiency, 5201 Connecticut Avenue, N.W., Washington, D.C. 20015.

This comprehensive handbook defines and explains mental retardation terms.

Smith, Robert M. **An Introduction to Mental Retardation.** New York: McGraw-Hill Book Co., 1971

This book describes the causes of mental retardation and the needs of people with mental retardation from birth to old age. It has a very good chapter on programming for preschool-aged children with retardation.

Guides to Teaching and Classroom Activities

Anderson, Zola. **Getting a Head Start on Social and Emotional Growth (1976).** Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska, 68105.

This is a practical and easy-to-read guide for preschool teachers on developing the social skills and emotional growth of young children. Chapter 11 describes emotional problems and suggest methods for teachers to use in dealing with them. This is helpful in dealing with a child's frustration, and with the emotional problems that may accompany mental retardation.

Blake, Kathryn. **Teaching the Retarded.** Englewood Cliffs, N.J.: Prentice Hall, 1974.

This book discusses the child with mild mental retardation, and makes practical suggestions about curriculum content and teaching techniques.

Brown, Sara L., and Donovan, Carol M. **Developmental Programming for Infants and Young Children: Volume 3, Stimulation Activities.** Ann Arbor, Mich.: University of Michigan Press, 1977.

This clearly written book of activities suggests what parents and teachers can do to foster development in children who are functioning at a level below three years of age. Each activity includes necessary modifications for children with additional handicaps.

Connor, Frances P., and Talbor, Mabel E. **An Experimental Curriculum for Young Mentally Retarded Children.** New York: Teachers College Press, 1970.

This curriculum was written primarily for mildly mentally retarded preschoolers, but it has also become a mainstay in a number of programs for the moderately retarded. It presents a comprehensive range of objectives appropriate for all preschoolers.

D'Audney, Weslee, and Dollis, Dorothy. **Calendar of Developmental Activities for Preschoolers (1975).** Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska, 68105.

This is a resource book on preschool activities arranged in calendar format. The simpler activities are presented in the fall months and the more complex ones are presented in the spring months, allowing you to choose activities appropriate to the child's developmental level. Also given are the skill areas involved in each activity.

D'Audney, Weslee, ed. **Giving a Head Start to Parents of the Handicapped (1976).** Available from: Meyer Children's Rehabilitation Institute University of Nebraska Medical Center, Omaha, Nebraska, 68105.

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children, including those with retardation.

The Exceptional Parent Magazine, Box 964, Manchester, New Hampshire 03105.

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "what to do," "how to do it," and "where to get help."

Findlay, Jane, et al. **A Planning Guide: The Preschool Curriculum - The Child, The Process, The Day.** Chapel Hill, N.C.: Chapel Hill Training Outreach Project, n.d.

This book elaborates on curriculum information found in the **Learning Accomplishment Profile** developed by Anne Sanford, and presents 44 preschool curriculum units intended for developmentally delayed or impaired children. It has a section on curriculum (who determines it, what it is, and what goes into it), a section on methods and principles (preparing instructional objectives, task analysis, error-free learning, and positive reinforcement), the 44 curriculum units, with objectives and skill sequences, and bibliographies. It is helpful, although not necessary, to use the Planning guide together with the LAP.

Foxx, Richard M., and Azrin, Nathan H. **Toilet Training the Retarded.** Champaign, Ill.: Research Press, 1973.

This book describes a rapid program for achieving independent toileting. The procedures are best done in the home, but teachers, parents, and coordinators or psychologists should find this a useful reference as they work together to develop a toilet-training program. This book is hard reading in places, but worth the trouble.

Goldstein, H. **Social Learning Curriculum.** Columbus, Ohio: Charles E. Merrill Publishing Co., 1974.

This is a package of materials, consisting of a teacher's guide and ten "phase books," which cover various social learning concepts for school-aged retarded children. Some sections can be used with preschool children. Supplements cover mathematics, science, and physical education suggestions for these children. There are "stimulus" pictures representing familiar situations, which can be used to give children practice in talking about everyday social situations. The package also contains duplicating materials and charts. The emphasis of the curriculum is on helping children to think critically and act independently.

Grollmen, Sharon Hya, and Perske, Robert. **More Time to Grow: Explaining Mental Retardation to Children: A Story.** Boston: Beacon Press, 1977.

This book is in two parts. The first is a story for young children about a girl whose little brother is diagnosed as retarded. It sensitively describes her feelings about what it's like living with a retarded child. The second part is a guide for parents and teachers, written in understandable language, on helping children with retardation learn and grow. It also lists and describes organizations concerned with mental retardation, and books and films on retardation for children, parents, and teachers.

Hansen, S. **Getting a Head Start on Speech and Language Problems (1974).** Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska, 69105.

This good, simple guide to working with preschool children who have speech and language problems gives language milestones, screening procedures, and teaching techniques.

Hogden, Laurel, et al. **School Before Six: A Diagnostic Approach (1974).** Available from: Cemrel, Inc., 3120 59th Street, St. Louis, Mo. 63139.

School Before Six is printed in two volumes. Volume I includes procedures for assessing young children's learning needs and strengths through testing procedures in four developmental areas: large, small, and perceptual motor skills; language; social-emotional skills; and conceptual skills. General teaching strategies and activities are suggested to help children develop in each of these areas. Volume II includes a wealth of activities in areas such as science, art, table games, food preparation, language, social science, and music. Volume I is extensively cross-referenced to Volume II to simplify the selection of appropriate activities for specifically diagnosed situations.

Johnson, Vicki M., and Werner, Roberta A. **A Step-by-Step Learning Guide for Retarded Infants and Children.** Syracuse, N.Y.: Syracuse University Press, 1975.

As the name suggests, the book lists over 200 tasks appropriate for the preschool curriculum. For each task the authors have stated the objective and suggested ways to teach it.

Jordan, June, ed. **Not All Little Wagons Are Red: The Exceptional Child's Early Years (1973).** Available from: Council for Exceptional Children, 1920 Association Drive, Reston, Va. 22091.

This book discusses the importance of beginning early to develop programs for children with handicaps. Attention is given to helping children achieve a positive self-concept, good learning motivation, social skills, emotional stability, and physical well-being. Two sections are particularly helpful: the development of children who need special help, and program models and resource materials. The book includes many fine illustrations, and describes a variety of alternative ways to meet children's needs.

Lavatelli, Celia S. **Piaget's Theory Applied to an Early Childhood Curriculum**. Boston: A Center for Media Development Book, American Science and Engineering Inc., 1970.

This book describes how teachers can help four- to six-year-old children with retardation to acquire logical ways of thinking. It tells teachers how to provide children with concrete materials to learn from, and supplies teachers with questions to ask of children to stimulate their mental activity.

The Portage Guide to Early Education, rev. ed. Portage, Wis.: Cooperative Educational Service Agency No. 12, 1976.

This guide has three parts: a checklist of skills for determining an individual child's progress, a card file listing activities that can be used to teach these skills, and a manual of directions for conducting the activities. The areas covered in the program are infant stimulation, socialization, language, self-help, cognitive skills, and motor skills.

Guides to Other Resources

Goldstein, H. **Bibliography: Education of Moderately Retarded Children.** New York: Yeshiva University, 1974.

This contains a list of books dealing with all aspects of working with moderately retarded children.

Appendix

Tests are only one source of information in evaluating a child

Screening and Diagnosis

This section describes the nature and purpose of screening and diagnosis, and the use of tests in each of these processes. The overall goal of both processes is to evaluate or assess a child's functioning and to identify problem areas, if any exist.

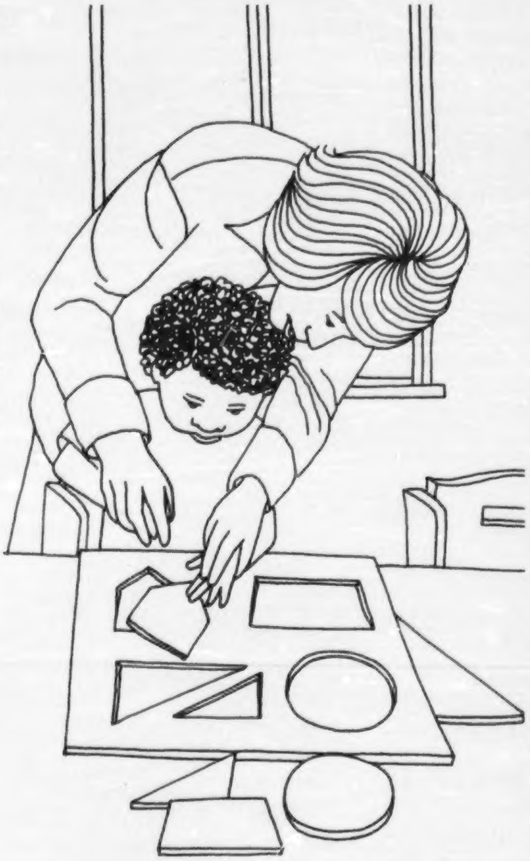
Screening

Screening is a process that identifies children who need specific treatment (for example, eyeglasses or immunization shots) **or who need to be referred for a diagnostic evaluation.** Screening is therefore an important tool in the early identification of handicapped children.

Screening procedures such as checklists and tests are inexpensive, quick, and easily administered. They give the screener an overview of a child's performance. Teachers, aides, and others need to be trained to use a particular screening procedure correctly. For the screening services that must be provided for every child, see Project Head Start Performance Standards.

Not all children who fail a screening test are found to have a problem when they are given a full diagnostic evaluation. This is because the results of screening tests are not exact, since the tests do not assess in depth a child's functioning in a given area. Also, because screening is done in a limited amount of time, the screener may not realize if a certain child is not performing at his or her best at that particular time. For these reasons, a child who is not handicapped may fail a screening and be referred for further evaluation.

On the other hand, some children who pass a screening test may, in fact, have a problem that wasn't detected in the screening. If you have a child in your class who has passed the standard screening tests and you still feel there may be something wrong, do not hesitate to ask an appropriate professional to look at the child more closely.



Diagnosis

Diagnosis is a process of gathering information from a variety of sources in order to get a comprehensive picture of a child's functioning and to identify problem areas. The diagnostic process assesses both physical and psychological functioning.

A variety of tools should be used in the diagnostic process: interviews (with parents and other adults who know the child well, with the child, with social agency personnel the child has been receiving services from), psychological tests, medical and other reports/tests of physical functioning, and other sources of information about the child. These tests that are used in the diagnostic process take an in-depth look at a child's skills in particular developmental areas. In Project Head Start, diagnosis is to be conducted by an interdisciplinary team of specialists (or a professional who is qualified to diagnose the specific handicap). The diagnostic process should involve:

1. a categorical diagnosis of a child, using Project Head Start diagnostic criteria, to be used solely for reporting purposes

2. a functional assessment of a child. This functional assessment is a developmental profile that describes what the child can and cannot currently do and that identifies areas requiring special education and related services

3. an individualized program plan based upon the functional assessment and developed jointly by the diagnostic team, the parents, and the child's teacher

4. ongoing assessment of the child's progress by the teacher, the child's parents, and (as needed) the diagnostic team

The results of the diagnostic process should inform the teacher and parents as to the child's strengths and weaknesses—and hence the child's needs in terms of further learning. The results of the diagnostic process often *do not* tell the teacher or parents what they should do to help the child in the identified problem areas. Diagnosticians themselves, depending on their knowledge of classrooms and of specific teaching techniques, may be able to discuss with the teacher and parent specific ways in which they can help the child in the classroom and at home. Often the teacher or parent needs to take the initiative in order to obtain this kind of information from a diagnostician.

Testing

The selection of appropriate tests, their administration, and their interpretation is often a difficult process, requiring a great deal of expertise. Sometimes the precise test needed has simply not yet been developed, and a diagnostician must use the best of what is available and then interpret the results with great caution. Many factors can lead to inappropriate testing or inaccurate test results:

- **mistaking one handicap for another**
- **mistaking cultural differences for handicaps**
- **mistaking normal physical or mental immaturity for handicaps**
- **testing a child who is not used to test-like situations**
- **testing a child when he or she is not feeling well**
- **testing a child in a language that is not his or her home language**
- **testing a particular developmental area in a child by requiring a response that involves skills in which the child is handicapped (for example, testing cognitive functioning by requiring a verbal response from a speech-impaired child, or a motor response from an orthopedically handicapped child).**

Even if children are given tests that are appropriate to their age, cultural background, and suspected handicaps—and that are methodologically valid and reliable—test results can be inaccurately interpreted.

To ensure that tests are appropriate to a specific purpose, and that they are administered and interpreted correctly, any screening test that a teacher wants to use should be discussed ahead of time with a trained professional who is knowledgeable about the test. Tests used for diagnostic purposes should be administered and interpreted by specialists trained in the use of the test.

In addition to interviews and histories, your own continuing observation of a child in a variety of situations in your preschool program is an invaluable tool in understanding and helping a child learn. During the preschool years, children experience a great amount of development and change in all areas. This means that ongoing assessment, balanced against over-testing, is needed to provide a more accurate picture of a child's developing skills and functioning. Ongoing assessment can help prevent mislabeling of children.

For additional information on the diagnostic process—including procedures and persons—contact the Resource Access Project in your area.

For additional information on tests, write:

Head Start Test Collection
Educational Testing Service
Princeton, New Jersey 08540

Chart of Normal Development: Infancy to Six Years of Age

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

- motor skills (gross and fine)
- cognitive skills
- self-help skills
- social skills
- communication skills (understanding language and speaking language).

In each skill area, the age at which each milestone is reached *on the average* is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual, and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Marcus learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time — learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read baby books. They don't know they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related development milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five-year-olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by children's experiences as well as by the abilities they are born with.

Chart of Normal Development

	Motor Skills		Communication Skills	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
0-12 Months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to **hi, bye-bye,** and **up,** when these words are accompanied by appropriate gesture. Stops ongoing action when told **no** (when negative is accompanied by appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 Months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand-held). Moves to music.	Builds tower of 3 small blocks. Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball. Paints with whole arm movement, shifts hands, makes strokes.	Responds correctly when asked **where,** (when question is accompanied by gesture). Understands prepositions **on, in,** and **under.** Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, **Open the door,** or **Get the ball**). Follows a series of 2 simple but related directions.	Says first meaningful word. Uses single words plus a gesture to ask for objects. Says successive single words to describe an event. Refers to self by name. Uses **my** or **mine** to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, **more** and **all gone**).

Cognitive Skills		Self-Help Skills	Social Skills
Follows moving object with eyes. Recognizes differences among people. Responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, **Come,** and turns head when asked, **Where is Daddy?**).	Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.	Feeds self cracker. Holds cup with two hands. Drinks with assistance. Holds out arms and legs while being dressed.	Smiles spontaneously. Responds differently to strangers than to familiar people. Pays attention to own name. Responds to **no.** Copies simple actions of others.
Imitates actions and words of adults. Responds to words or commands with appropriate action (for example: **Stop that. Get down**). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (for example:**What is that? Point to the baby**).	Recognizes difference between **you** and **me.** Has very limited attention span. Accomplishes primary learning through own exploration.	Uses spoon, spilling little. Drinks from cup, one hand, unassisted. Chews food. Removes shoes, socks, pants, sweater. Unzips large zipper. Indicates toilet needs.	Recognizes self in mirror or picture. Refers to self by name. Plays by self. Initiates own play. Imitates adult behaviors in play. Helps put things away.

Chart of Normal Development

	Motor Skills		Communication Skills	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
24-36 Months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action. Makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands questions forms **what** and **where.** Understands negatives **no, not, can't,** and **don't.** Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks **what** and **where** questions. Makes negative statements (for example, **Can't open it**). Shows frustration at not being understood.
36-48 Months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, **We are going to the zoo tomorrow**). Understands size comparatives such as **big** and **bigger.** Understands relationships expressed by **if...then** or **because** sentences. Carries out a series of 2 to 4 related directions. Understands when told, **Let's pretend.**	Talks in sentences of three or more words, which take the form agent-action-object (**I see the ball**) or agent-action-location (**Daddy sit on chair**). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to indicate past tense. Refers to self using pronouns **I** or **me.** Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

Cognitive Skills		Self-Help Skills	Social Skills
Responds to simple directions (for example: **Give me the ball and the block. Get your shoes and socks**). Selects and looks at picture books, names pictured objects, and identifies several objects within one picture. Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together). Stacks rings on peg in order of size. Recognizes self in mirror, saying, **baby**, or own name.	Can talk briefly about what he or she is doing. Imitates adult actions (for example, housekeeping play). Has limited attention span. Learning is through exploration and adult direction (as in reading of picture stories). Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).	Uses spoon, spilling little. Gets drink from fountain or faucet unassisted. Opens door by turning handle. Takes off coat. Puts on coat with assistance. Washes and dries hands with assistance.	Plays near other children. Watches other children, joins briefly in their play. Defends own possessions. Begins to play house. Symbolically uses objects, self in play. Participates in simple group activity (for example, sings, claps, dances). Knows gender identity.
Recognizes and matches six colors. Intentionally stacks blocks or rings in order of size. Draws somewhat recognizable picture that is meaningful to child, if not to adult. Names and briefly explains picture. Asks questions for information (**why** and **how** questions requiring simple answers). Knows own age. Knows own last name.	Has short attention span. Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted. Has increased understanding of concepts of the functions and groupings of objects (for example, can put doll house furniture in correct rooms) part/whole (for example, can identify pictures of hand and foot as parts of body). Begins to be aware of past and present (for example: **Yesterday we went to the park. Today we go to the library**).	Pours well from small pitcher. Spreads soft butter with knife. Buttons and unbuttons large buttons. Washes hands unassisted. Blows nose when reminded. Uses toilet independently.	Joins in play with other children. Begins to interact. Shares toys. Takes turns with assistance. Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).

Chart of Normal Development

	Motor Skills		Communication Skills	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
48-60 Months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows three unrelated commands in proper order. Understands comparatives like pretty, prettier, and prettiest. Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, **First we have to go to the store, then we can make the cake, and tomorrow we will eat it**).	Asks **when, how,** and **why** questions. Uses models like **can, will, shall, should,** and **might.** Joins sentences together (for example, **I like chocolate chip cookies and milk**). Talks about causality by using **because** and **so**. Tells the content of a story but may confuse facts.
60-72 Months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6′6″) hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates preacademic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

Cognitive Skills		Self-Help Skills	Social Skills
Plays with words (creates own rhyming words; says or makes up words having similar sounds). Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs. Can name or match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span. Learns through observing and listening to adults as well as through exploration. Is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size. Is beginning to use accurately time concepts of **tomorrow and yesterday.** Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably. Learns through adult instruction. When interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen. Time concepts are expanding into an understanding of the future in terms of major events (for example, **Christmas will come after two weekends**).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages with other children in cooperative play involving group decisions, role assignments, fair play.

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